

**The Department of Veterans Affairs=  
Psychosocial Residential Rehabilitation Treatment Program (PRRTP)  
Fiscal Year 2001**

**May 2002**

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**The Department of Veterans Affairs=  
Psychosocial Residential Rehabilitation Treatment Program (PRRTP)  
Fiscal Year 2001**

In 1995 the Department of Veterans Affairs responded to the need for alternatives to high intensity psychiatric hospitalization for Seriously Mentally Ill (SMI) veterans by creating the Psychosocial Residential Rehabilitation Treatment Program (PRRTP)<sup>1</sup>. The PRRTP program, now in its seventh year of operation, provides a level of VA bed care that complements acute inpatient psychiatric treatment and provides continuity of care to veterans with serious mental illnesses and addictive disorders who require symptom reduction, additional structure and supervision to address their multiple and severe psychosocial deficits, including homelessness. Currently there are 99 programs at 65 medical center campuses with a total of 1,908 operating beds. This report, the sixth in a series of progress reports, describes the ongoing operation of PRRTPs during fiscal year 2001.

**A. Psychosocial Residential Rehabilitation Treatment Programs (PRRTP)**

Designed to improve the quality of life, promote health maintenance and to diminish reliance on more resource intensive forms of VA treatment, PRRTPs provide a 24-hour-per-day, 7-day-per-week structured therapeutic milieu for veterans with mental illnesses and/or addictive disorders. Veterans are required to participate in rehabilitative activities at least 4 hours per day, 7 days per week (VHA Directive 2001-010 dated March 1, 2001 - see Appendix A). In order to be eligible for this level of care, veterans must have a psychiatric and/or psychosocial need, must be clinically stable, must be able to function outside of an acute inpatient program and, must be capable of self-preservation in case of an emergency.

PRRTPs allow for maximum flexibility of program design based on the diverse needs of the veteran population. There is flexibility in the structure used for service delivery, in the types and number of clinicians and para-professionals staffing the program, in the length of program duration and, in the size and physical location of the program.

There are two basic PRRTP models for service delivery. The first PRRTP service delivery model is an ***all-inclusive residential model*** where staff dedicated to the PRRTP provides all the treatment and psychosocial rehabilitative services to veterans in the program. The second model is a ***supportive residential model*** whereby the intensive treatment is provided outside the residence through VA outpatient treatment services (e.g. outpatient substance abuse, Compensated Work Therapy, day treatment programs etc). However, PRRTP staff are responsible for screening and assessment, treatment/rehabilitation plan development, case management, 24 hours per day / 7 days per week supervision or callback and, providing the supportive residential rehabilitative environment during evenings, nights and weekends.

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<sup>1</sup> Formerly called the Psychiatric Residential Treatment Program (PRRTP).

The PR RTP program requires a multidisciplinary team. The team may include clinicians from outpatient programs where veterans participating in the PR RTP program are receiving treatment and rehabilitation. In some PR RTP programs (e.g. Compensated Work Therapy / Transitional Residences), a senior resident or graduate of the program or non-professional staff may supervise the residence during evenings, nights and/or weekends. These individuals are trained for these house manager responsibilities and have available back up of PR RTP professional staff by pager/phone for any emergencies that may arise at the residence.

### **PR RTP Categories**

There are seven categories of PR RTPs (see VHA Directive 2001-010, Appendix A), classified as follows:

- (1) **SAR RTP** - a Substance Abuse Residential Rehabilitation Treatment Program targeting veterans with substance abuse disorders;
- (2) **General PR RTP** - a Psychiatric Residential Rehabilitation Treatment Program targeting a general psychiatric patient population;
- (3) **PR RP** - a PTSD Residential Rehabilitation Program targeting veterans with post-traumatic stress disorder (PTSD);
- (4) **SA CWT/TR** - a Substance Abuse Compensated Work Therapy / Transitional Residence Program;
- (5) **HCM I CWT/TR** - a Homeless Chronically Mentally Ill Compensated Work Therapy / Transitional Residence Program;
- (6) **PTSD CWT/TR** - a Posttraumatic Stress Disorder Compensated Work Therapy / Transitional Residence Program, and;
- (7) **General CWT/TR** - a Compensated Work Therapy / Transitional Residence Program that is not targeted exclusively for any particular psychiatric condition.

Each of the above PR RTP categories has it's own CDR (Cost Distribution Report) account and PTF (Patient Treatment File) Treating Specialty Code. During FY 2001 all seven PR RTP categories were operational.

### **B. Evaluation and Monitoring Methods**

The Northeast Program Evaluation Center (NEPEC) located at VA Connecticut Healthcare System, West Haven Campus, has been mandated by VHA Headquarters to evaluate PR RTPs. The goals of the evaluation are twofold; first, to provide an ongoing assessment of this relatively new bed level of care and second, to provide a description of the veterans receiving treatment in this program and the types of services provided. Findings from the previous progress reports indicate that PR RTP programs provide important treatment and rehabilitative services to special high risk patient populations; homeless veterans, veterans with substance abuse problems, female veterans, the elderly and those

veterans with severe and chronic mental disabilities, including veterans with PTSD <sup>2</sup>.

**Data Sources.** Two types of data are used to generate this report: 1) program-specific data, and 2) patient-specific data. *Program-specific data* are obtained from annual narratives submitted to NEPEC at the end of each fiscal year as mandated by VHA Directive 2001-010. The narrative, a 4-page data form utilizing a simple check format (see Appendix B) includes information on the number of operational beds, staffing, the types of veterans being served by the program and the services provided.

*Patient-specific data* are obtained from VA's inpatient Patient Treatment File (PTF) and extended care file in Austin, Texas. The following information was obtained from these two Austin files: 1) the number of veterans discharged from PRRTPs during FY 2001, 2) mean length of stay (truncated to 365 days), 3) gender, 4) ethnicity, 5) compensation status, and 6) clinical psychiatric diagnoses (see Tables 5a – 5g). NEPEC performed two data reviews of the PTF and extended care datasets during FY 2001 in hopes of identifying medical center facilities with coding problems and correcting errors, if possible. Generally the number of coding problems have decreased since the previous fiscal years, however, several types of coding errors still persist. First, five medical centers reported discharges in the PTF and did not have a PR RTP program type that corresponded to the PTF code used (see Appendix C). These 31 discharges were excluded from the data analyses generated for this report. Second, a number of medical centers with PRRTPs used the incorrect PR RTP category code. Since the occurrence of this error type was minimal during FY 2001, patient-specific analyses were conducted by PR RTP category and adjustments were made by NEPEC to correct errors (see footnotes in Tables 13a – 13f). And finally, a number of VA medical centers with known PRRTPs under-reported PR RTP discharges in the PTF during FY 2001.

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<sup>2</sup> Medak, Seibyl and Rosenheck (2001). Summary Results of the FY 2000 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Medak, Seibyl and Rosenheck (2000). Summary Results of the FY 1999 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Seibyl, Medak and Rosenheck (1999) Summary Results of the FY 1998 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Seibyl, Medak and Rosenheck (1998) Summary Results of the FY 1997 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Rosenheck, Medak and Seibyl (1997) Summary Results of the FY 1996 Psychiatric Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center.

## C. Results

This narrative provides information for program managers at the national level, VISN level and local medical center level by presenting a series of 19 tables (see Appendix D). Tables 1 - 5 contain national data for the program overall as well as for each PR RTP category, Tables 6 - 12 summarize data by VISN, Tables 13a – 13f present the number of discharges and length of stay by PR RTP category and VA medical center based on data from the Austin data files, and the remaining tables (Tables 14 - 19), present summary data organized by individual PR RTPs within each PR RTP category. Highlighted below are key findings:

\* Data for this report were obtained on 99 PR RTPs with a total of 1,908 beds located at 65 VA medical facilities across the country that were operational during all or part of FY 2001 (Table 1a).

\* Compared to the previous fiscal year, there were four fewer PR RTP programs (99 programs in FY 2001 vs. 103 programs in FY 2000), 154 fewer beds (1,908 beds in FY 2001 vs. 2,062 beds in FY 2000) and 3,228 fewer discharges (11,134 discharges in FY 2001 vs. 14,362 discharges in FY 2000). The greatest bed losses occurred within general PR RTP programs (107 of the 154 beds), however, the greatest losses in number of patients treated occurred in SAR RTPs (6,955 discharges reported in FY 2001 vs. 9,182 discharges reported in FY 2000) (Table 1b).

\* Of the 99 PR RTPs operational during all or part of FY 2001, 38.4% (n=38) were SAR RTPs, targeting veterans with alcohol or drug abuse problems, 24.2% (n=24) were SA, HCMI, PTSD or General CWT/TR programs targeting veterans with concomitant problems of either substance abuse, mental illness or homelessness with vocational deficits; 20.2% (n=20) were general PR RTPs targeting veterans with general psychiatric problems and 17.2% (n=17) were PR RTPs, targeting veterans with PTSD (Table 1).

\* Special patient populations most frequently targeted for services are homeless mentally ill veterans (93 programs), female veterans (49 programs), elderly veterans (47 programs) and veterans with AIDS or HIV (30 programs)(Table 1).

\* PR RTPs emphasize a variety of treatment and rehabilitative services such as discharge planning (97%), assessment and diagnosis (97%), relapse prevention (97%), substance abuse counseling (96%), group counseling (96%), social skills training (92.2%), individual counseling (93.9%), self-help groups (91.9%), crises intervention (90.9%), medication management (90.9%), daily living skills training (90.9%), occupational and recreational therapy (90.9%), money management (82.8%), couples/family counseling (78.8%), work therapy (70.7%) (Table 2). The degree of emphasis on these services is variable among the seven PR RTP categories as well as within each category (see Tables 2 and 17a – 17f).

\* For the 1,908 PRRTTP beds operational during all or part of FY 2001, program sites reported a staff of 804.3 FTEE with an average FTEE to operational bed ratio of 0.42 (Table 3). There is considerable variability in these ratios among the seven PRRTTP categories: 0.12 in the HCMH CWT/TR programs; 0.14 in the SA CWT/TR programs; 0.15 in the one general CWT/TR program, 0.21 in the one PTSD CWT/TR program; 0.46 in SARRTTPs; 0.48 in general PRRTTPs, and; 0.62 in PRRTs (Table 3).

\* The staff of each PRRTTP is made up of VA paid professionals and para-professionals alike. Overall, 33.9% of all PRRTTP staff are nurses (e.g. RNs, LPNs, and nurses' aides), 12.9% are technicians (e.g. psychology, social work, health and rehabilitative technicians), 9.6% are addiction therapists or counselors and 8.7% are social workers (Table 3). The proportion of these professional and para-professional categories, again, varies among the seven PRRTTP categories and within each category (see Tables 3 and 14a – 14f).

\* Table 4 summarizes approaches to night, weekend and evening coverage. The majority of PRRTTPs have either paid VA professional or para-professionals present 24 hours per day / 7 days per week (n=51 programs, 51.5%) while others rely, to some degree, on utilize house managers (n=45 programs, 45.5%) with VA clinical staff available by phone or pager for emergencies. House managers may be A senior program participants or, in some instances, program graduates (for a detailed description of a house manager's role and responsibilities see Appendix A - VHA Directive 2001-010). Thirteen PRRTTP programs indicated that there are brief periods of time that exist in their programs when a house manager and/or VA clinician are not physically present during evening, night or weekend coverage.

\* Veteran characteristics by fiscal year and PRRTTP category are detailed in Tables 5a – 5g. The results of analyses performed on patient-specific data from Austin (n=11,134 veterans) show that, during FY 2001, the vast majority (96.9%) of PRRTTP participants were male. Whites made up 57.3% of veterans admitted to PRRTTPs, African Americans 33.9% and Hispanics 2.9%. The analyses further indicate that PRRTTPs continue to admit a very ill and disabled veteran population with 30.9% of veterans having a service-connected disability. While the most frequent diagnosis is substance abuse/dependency (72.4% total; 50.2% alcohol abuse and 22.2% drug abuse), 16% of veterans have a clinical diagnosis of PTSD.

\* Compared to the previous fiscal year, the average length of stay in PRRTTPs has increased by almost one week (42.9 days in FY 2000 to 48.4 days in FY 2001) (Table 5a).

\* PRRTTPs are located in all VISNs (Table 6). The largest numbers of PRRTTP programs are in VISN 12, VISN 4 and VISN 8 (12, 9 and 8 PRRTTP programs respectively).

## **D. Conclusions**

It is imperative that PRRTPs continue to provide residential treatment in environments flexible enough to meet a variety of patient care needs. In FY 2001 VA's PRRTPs provided housing, therapeutic treatment and rehabilitative services to special high risk patient populations including the homeless, veterans with substance abuse problems, veterans with a dual diagnosis of substance abuse disorder and severe psychiatric disorder, female veterans and those veterans with severe and chronic mental disabilities, including veterans with PTSD. PRRTPs are a vital part of the continuum of VA's mental health care.

## **Appendices**

### Contents of the Appendices

- A. VHA Directive 2001-010 issued March 1, 2001
- B. Psychosocial Residential Rehabilitation Treatment Program (PRRTP)  
Annual Narrative Form for Fiscal Year 2001
- C. Data Excluded from the Patient-Specific Analyses
- D. Data Tables





**Appendix A**  
**VHA Directive 2001-010 issued March 1, 2001**



March 1, 2001

**PSYCHOSOCIAL RESIDENTIAL REHABILITATION  
TREATMENT PROGRAMS (PRRTP)**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides new policy, procedures, and detailed manual reporting requirements for the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) bed level of care.

**2. BACKGROUND**

a. The Department of Veterans Affairs (VA) established the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) bed level of care in 1995. This distinct level of in-patient mental health care is appropriate for veterans with addictive disorders and serious mental illnesses who require additional structure and supervision to address multiple and severe psychosocial deficits, including homelessness. It recognizes the need for psychiatric treatment and symptom reduction of mental and addictive disorders, while also providing psychosocial rehabilitation, which focuses on a patient's strengths, and provides opportunities to improve functional status. This rehabilitative approach recognizes that persons with mental illness and addictive disorders can achieve their goals for healthy and productive lives. PRRTPs are designed to provide comprehensive treatment and rehabilitative services that will improve quality of life and diminish reliance upon more resource intensive forms of treatment.

b. The rapid development of the PRRTP level of care, prior to fully automated systems to support it, has necessitated a number of computer system "work-arounds" and manual reporting requirements.

c. PRRTP Program definitions are:

(1) **PRRTP.** A Psychosocial Residential Rehabilitation Treatment Program developed for a general psychiatric patient population not otherwise noted in these definitions.

(2) **PRRP.** A Post-traumatic Stress Disorder (PTSD) Residential Rehabilitation Program.

(3) **SARRTP.** A Substance Abuse Residential Rehabilitation Treatment Program.

(4) **HCMC CWT/TR.** A Homeless Chronically Mentally Ill Compensated Work Therapy (CWT) Transitional Residence (TR).

(5) **SA CWT/TR.** A Substance Abuse CWT TR.

(6) **PTSD CWT/TR.** A PTSD CWT TR Program.

(7) **General CWT/TR.** A CWT-based PRRTP not targeted exclusively for any particular mental health population.

**NOTE:** All types of CWT/TR programs must be operated in accordance with VHA Directive 2001-011, *Compensated Work Therapy Transitional Residences Program*, dated March 8, 2001.

**THIS VHA DIRECTIVE EXPIRES JANUARY 31, 2004**

## VHA DIRECTIVE 2001-010

March 1, 2001

d. **Location.** PRRTPs may be established either on VA medical center grounds, or in community-based facilities owned, leased, or otherwise acquired by VA. Regardless of the location of PRRTP beds, they must be designated as official VA beds in accordance with VA Bed Control Policy and reported on the Gains and Losses (G&L) statement of the associated VA health care system or medical center.

e. **Staffing.** PRRTPs may be minimally staffed, since, by their residential nature, they are designed to maximize peer support and self-care, as compared to a traditional hospital bed. However, the safety and welfare of both PRRTP staff and veterans must be a primary consideration. Additionally, each PRRTP should have a multidisciplinary treatment team to ensure comprehensive assessment and delivery of services to address multi-faceted rehabilitative needs. In addition, twenty-four hour, seven day per week, on-site supervision of PRRTPs is required. The type of staffing provided will be determined by the clinical needs of the veterans served by the PRRTP and by standards applied by external accrediting bodies. In addition, professional PRRTP staff must be on call by radio, telephone or beeper at all times.

h. **Clinical Approaches.** PRRTPs may provide the full services of a 24-hour per day treatment program within the PRRTP residential program itself, or veterans in PRRTPs may participate in an intensive regimen of outpatient services, (such as outpatient substance abuse, PTSD, day treatment, vocational rehabilitation) which are then augmented by the PRRTP residential component of care. In all cases, the residential component emphasizes incorporation of clinical treatment gains into a lifestyle of self-care and personal responsibility. Treatment intensity, environmental structures, milieu, and type of supervision vary based on population served and should be relevant to the diversity of the population, i.e., age, ethnicity, culture, etc. Continuity of care will be ensured by a knowledgeable treatment team utilizing a care management approach. Treatment and rehabilitation goals generally addressed in PRRTPs include, but are not limited to:

- (1) Substance abuse counseling and relapse-prevention.
- (2) Medication management.
- (3) Social, recreational and independent living skills.
- (4) Work or vocational rehabilitation therapy.
- (5) Family education and counseling.
- (6) Housing assistance.

**3. POLICY:** It is VHA policy to establish a residential level of bed care, distinct from medium and high-intensity in-patient psychiatry beds which provide a 24-hour therapeutic setting for veterans with multiple and severe psychosocial deficits to identify and address goals of health maintenance and improved quality of life, in addition to specific treatment of mental illnesses

and addictive disorders. **NOTE:** *Patients in residential rehabilitation programs must be medically stable, capable of self-preservation in the case of a disaster, are usually responsible for self-medication, and often prepare their own meals. PR RTP residential settings utilize a milieu of peer and professional support, with a strong emphasis on increasing personal responsibility to achieve optimal levels of independence upon discharge to independent or supportive community living.*

#### 4. ACTION

a. The following veterans should be screened for their need of psychosocial residential treatment services:

(1) Veterans requiring 24-hour supervised care who do not meet Interqual criteria for Acute Psychiatry admission,

(2) Veterans receiving outpatient mental health services who lack a stable lifestyle or living arrangement that is conducive to recovery. The following examples are provided to illustrate where residential rehabilitation services are clinically indicated:

- (a) Substance use disorder patients with likelihood of relapse while in outpatient treatment.
- (b) Patients diagnosed with PTSD who are likely to be upset by treatment interventions.
- (c) Homeless veterans with multiple and complex Axis IV psychosocial deficits.
- (d) Potentially unstable psychotic patients.

b. **Beds.** VA PR RTP beds may be established in addition to, or in lieu of Extended Care beds and/or Domiciliary beds, contractual, or community partnership arrangements for residential treatment. PR RTP beds are not to be used solely to address transportation difficulties associated with accessing outpatient treatment, or as a means of temporary lodging.

c. **Approval Authority.** Approval authority for establishment, change or closure of PR RTP beds will be in accordance with VHA Directive 1000.1, VHA Directive 99-030, Authority for Mental Health Program Changes, dated June 30, 1999.

d. **Accreditation.** All PR RTPs must be accredited under the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for Behavioral Health Care (24-hour settings). PR RP, SAR RTP and (general) PR RTPs who wish to be recognized for state-of-the-art rehabilitative approaches may also choose to be accredited under the Residential Treatment Standards of Commission for Accreditation of Rehabilitation Facilities (CARF). All types of CWT TRs must be accredited under CARF Standards for Community Housing.

## VHA DIRECTIVE 2001-010

March 1, 2001

e. **Residential Costs.** Veterans in PR RTP programs may not be charged residential costs, such as lease expenses, utilities, maintenance, meals, etc., except within CWT TR programs.

***NOTE:*** See VHA Directive 2001-011, for detailed policy and procedures regarding CWT TR legal authorities and programming.

f. **Eligibility.** PR RTP is considered “hospital care” for purposes of eligibility determinations; therefore, eligibility rules for hospital care would apply for PR RTP admissions.

g. **Monitoring.** The Northeast Program Evaluation Center (NEPEC) located at the VA Connecticut Healthcare System at West Haven, monitors initial implementation of PR RTPs by conducting an annual survey of facilities reporting PR RTP workload. Outcomes monitoring, to include measures of efficiency, effectiveness and veteran satisfaction are to be developed at each local program as part of quality improvement initiatives, and are to be periodically reviewed for opportunities to improve veteran outcomes and PR RTP performance. ***NOTE:*** *Nationally, the PR RTP component of the mental health care continuum will contribute to existing performance measures using the Addiction Severity Index (ASI) and Global Assessment of Functioning (GAF).*

h. Attachment A provides special guidance on systems ‘work-around’ requirements and general administrative management of PR RTPs.

i. Attachment B provides guidance on clinical program requirements and considerations.

j. Attachment C provides instructions for completion of Northeast Program Evaluation Center (NEPEC) Annual Survey.

k. Attachment D describes detailed systems ‘work-around’ instructions for the Veterans Health Information Systems and Technology Architecture (VistA) setup.

## 5. REFERENCES

- a. VHA Directive 1000.1.
- b. VHA Manual M-1, Part I, Chapter 1.
- c. VHA Directive 99-030.
- d. Mental Health Program Guide 1103.3, dated June 3, 1999.
- e. VHA Manual M-2, Part VII, Chapter 11, "Self-Medication Program," dated August 20, 1993.
- f. VHA Manual M-1, Part I, Chapter 5, "Patient Records," dated June 8, 1995.

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**6. FOLLOW-UP RESPONSIBILITY:** Mental Health Strategic Health Group (116D) is responsible for the contents of this Directive. **NOTE:** *Questions may be addressed to the Office of Psychosocial Rehabilitation, Mental Health Strategic Health Group, VHA Headquarters, at (757) 722-9961, extension 3654.*

**7. RESCISSIONS:** VHA Directive 10-95-099 is rescinded. This VHA Directive will expire January 31, 2004.

S/ Dennis Smith for  
Thomas L. Garthwaite, M.D.  
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 12/18/2001  
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 12/18/2001

**ATTACHMENT A**

**GUIDANCE ON THE ESTABLISHMENT AND ADMINISTRATIVE MANAGEMENT  
OF A PR RTP**

**1. STEPS FOR A VA MEDICAL CENTER TO TAKE**

a. Prior to formal submission of a Psychosocial Residential Rehabilitation Treatment Program (PR RTP) proposal, it is suggested that contact be made with the Veterans Health Administration (VHA) Headquarters PR RTP Program Coordinator, Mental Health Strategic Health Group, at (757) 722-9961 x3654. This initial contact allows an opportunity for a brief consultation of the PR RTP plans to permit expeditious approval of formal proposal.

b. The following is to be submitted to the associated Veterans Integrated Services Network (VISN) Director:

(1) A proposal or plan addressing PR RTP activation, (follow format as outlined in VHA Directive 99-030, Authority for Mental Health Program Changes, dated June 30, 1999).

(2) A formal Bed Change Request in accordance with VHA Directive 1000.1.

(3) A letter to VHA Headquarters Director Information Management Service (045A4), THRU the Deputy Assistant Under Secretary for Health (10N), requesting Department of Veterans Affairs (VA) medical center assignment of "PA" suffix , to establish the PR RTP as a separate division of the associated VA medical center

**2. STEPS FOR VISN TO TAKE**

a. Forward VISN approved proposal to the Deputy Assistant Under Secretary for Health (10N), who will formally request comment from the Chief Consultant for Mental Health and/or other Patient Care Services Strategic Health Groups as appropriate.

b. Forward VISN approved request for PA Suffix letter to: VHA Headquarters, Director Information Management Service (045A4), THRU Deputy Assistant Under Secretary for Health (10N).

c. Upon approval of proposal by the Under Secretary for Health, process Bed Change designation in Bed Control System.

**3. STEPS FOR VA MEDICAL CENTER FISCAL, INFORMATION RESOURCE  
MANAGEMENT (IRM) AND MEDICAL ADMINISTRATION SERVICE (MAS) UPON  
BEDS BEING ESTABLISHED IN BED CONTROL SYSTEM:**

a. Adjust Gains & Losses (G&L) statement to designate each PR RTP as a separate line item.

b. Establish new division (activate PA suffix) in accordance with Attachment D.



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c. Acquaint Medical Records Coding Staff with the following Treating Specialty Codes, and ensure Decision Support System (DSS) staff establish appropriate DSS departments as follows:

<u>PRRTP Type</u>	<u>Treating Specialty Code</u>	<u>DSS Department</u>
PRRTP (not otherwise specified)	25	P4A1 4A 2034A1
PRRP (PTSD)	26	P4B1 4B 2034B1
SARRTP (Substance Abuse)	27	P4C1 4C 2034C1
HCMC CWT TR (Homeless)	28	P4D1 4D 2034D1
SA CWT TR (Substance Abuse)	29	P4E1 4E 2034E1
PTSD CWT TR	38	P4F1 4F 2034F1
General CWT TR	39	P4G1 4G 2034G1

#### **4. RECURRING VA MEDICAL CENTER FISCAL, IRM, AND MAS MANUAL PROCEDURES**

a. Personnel responsible for processing of G&L should submit a PRRTP workload Report (indicating PRRTP Bed Days of Care for previous month) to Fiscal Service by the 10<sup>th</sup> workday of each month.

b. Workload for PRRTPs must be manually inserted into the VHA Work Management (VWM) segment 334 to ensure it is recorded as Psychiatry workload. Additionally, Fiscal staff will ensure PRRTP workload (Bed Days of Care) is credited to Cost Distribution Report (CDR) 1700.00 series account, as appropriate for type of PRRTP established:

1711.00	PRRTP (not otherwise specified)
1712.00	PRRP (PTSD)
1713.00	SARRTP (Substance Abuse)
1714.00	HCMC CWT TR (Homeless)
1715.00	SA CWT TR (Substance Abuse)
1716.00	PTSD CWT TR (PTSD)
1717.00	General CWT TR

#### **5. STEPS FOR SERVICE LINE CHIEFS TO DISTRIBUTE COSTS**

a. The Chief of Psychiatry, Mental Health Service Line Chief and/or PRRTP Program Coordinator should be familiar with (generally two) cost categories designed to measure the treatment cost of Residential Rehabilitation services:

(1) **Residential Inpatient Costs.** Services provided to PRRTP veterans by staff assigned to and in support of the PRRTP residential unit are captured as “bed days of care” and reported to the PRRTP inpatient bed category CDR account 1700 series. **NOTE:** *These services include, but are not limited to PRRTP screening, admission, rehabilitation plan development, case reviews, therapeutic group and individual counseling associated with the residential component, meals, dietetics staff, evening staff coverage, etc.*

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(2) **Outpatient Costs.** Services provided to PR RTP veterans by staff providing services in established outpatient clinics (such as Outpatient Substance Abuse Clinics, Day Treatment programs, PCT Teams, Vocational Rehabilitation Therapy, Compensated Work Therapy, etc) are captured as “outpatient visits.” These costs are, therefore, reported to the appropriate Outpatient CDR Account in the 2000 series

***NOTE:** If all services provided to PR RTP residents are provided exclusively to them, in conjunction with the residential unit (as in a traditional hospital bed program), then all costs will be captured as Residential Inpatient Costs (1700.00 series costs).*

**ATTACHMENT B****PROGRAM GUIDELINES FOR PSYCHOSOCIAL RESIDENTIAL REHABILITATION  
TREATMENT PROGRAMS****1. THE CLINICAL PROGRAM**

a. Veterans in a Psychosocial Residential Rehabilitation Treatment Program (PRRTP) will have psychiatric and/or psychosocial needs which are clinically determined to benefit from a 24-hour-per-day, 7-day per week, ("24/7") structured and supportive environment as a part of the rehabilitative treatment regime. Treatment and/or therapeutic activities will be provided at least 4 hours per day, 7 days per week. Veterans should be clinically stable to be able to function outside of a medium or high intensity hospital setting and must be capable of self-preservation in case of a disaster. Veterans in a PRRTP who develop an acute psychiatric disturbance will be transferred to a medium or high intensity psychiatric program until they are stable enough to either return to the PRRTP or make other treatment arrangements. All veterans admitted to a PRRTP will have a Rehabilitation and/or Treatment Plan with specific, measurable goals to be addressed during their PRRTP episode of care. This treatment plan will encompass the full range of services planned, identifying Outpatient Treatment (OPT) clinics to be utilized, as appropriate. PRRTPs will not be used as a simple substitute for community housing or as VA lodging or Hoptel facilities.

b. The PRRTP model is designed for maximum flexibility of program design. Within this residential level of care, programming may range from relatively short-term care of limited focus (i.e., less than 30 days and targeted primarily towards diagnosis-specific education, counseling, and symptom management), to long-term, comprehensive rehabilitation (i.e., exceeding 1 year and including a full range of psychosocial services, such as life-skills training, social learning, vocational rehabilitation therapy, Compensated Work Therapy (CWT), etc.). Likewise, within various types of PRRTPs, specific, sub-populations may be targeted, (such as dually-diagnosed or geriatric populations) necessitating specialized staff and rehabilitative approaches. There may also be specific PRRTP "tracks" within targeted populations, for example: a substance abuse residential program designed for veterans with dual diagnoses, and another for veterans with a substance abuse diagnosis only, or another with a strong psychosocial rehabilitation component addressing issues of work and independent living skills. This flexibility in PRRTP program design suggests that a site may establish more than one of a specific type of PRRTP in order to most efficiently meet the rehabilitative needs of a diverse veteran population.

c. The CWT Transitional Residence (TR) programs are designed for veterans whose rehabilitative focus is based on CWT and transitioning to successful independent community living. Ongoing support is provided for diagnoses-specific conditions. CWT TRs are designed for specific populations (Homeless, Post-traumatic Stress Disorder (PTSD), etc) for purposes of tracking services and funds expended for special veteran populations. They should also be staffed with professionals possessing specialized expertise related to the populations served.

d. PRRTP Program flexibility also exists in the structure used for service delivery. There are two basic structures for Residential Rehabilitation (RR) programming.

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(1) **All Inclusive Residential Model.** The structure of the all-inclusive residential model is similar to a traditional 'inpatient' program, where staff dedicated to the PR RTP unit provide virtually all treatment and rehabilitative services, and do so exclusively for the patients in those beds. ***NOTE:** This model may provide advantages for programming which is tailored specifically for group treatment approaches. It may also be used more often for RR programs that are targeting higher acuity of illness and are, therefore, providing higher intensity of care.*

(2) **Supportive Residential Model.** This RR program structure provides a supportive residential component to augment intensive treatment provided through the Ambulatory Care System, such as Intensive Outpatient Substance Abuse program, Day Treatment program, CWT, etc) It is designed to minimize risk and maximize benefit of the ambulatory care services provided for veterans whose health and/or lifestyle necessitate a supervised, structured environment while receiving care, or those requiring comprehensive rehabilitation to learn and practice new behaviors. In addition to meeting a key agency objective (to increase outpatient services), this model may provide some of the following advantages:

- (a) The RR facility (itself) does not require staffing during the day,
- (b) Residents of the RR unit assume greater responsibility for their treatment (in that they must 'go to it', rather than have it 'come to them'),
- (c) Residents of the RR unit are exposed to other veterans in the Outpatient Treatment environments who are higher functioning (i.e., not in need of supportive 24-hour residential programming), and participate in treatment more as 'community citizens' than 'hospital patients'.
- (d) Residents of the RR unit gain familiarity and establish therapeutic relationships with Outpatient Treatment staff
- (e) Outpatients experiencing need for more comprehensive care (i.e., 24-hour residential services) may be more likely to accept such care, knowing that they will not have to establish all new therapeutic relationships by doing so.

***NOTE:** In some cases, this model has facilitated the development of previously non-existent Aftercare Services, due to increased efficiency in staff utilization (treatment staff are not assigned strictly to operate an 'all inclusive inpatient' unit, and are therefore available to provide outpatient services as well).*

## 2. STAFFING

a. PR RTPs require a multidisciplinary team for comprehensive assessment and rehabilitation and/or discharge planning. This team may often consist of staff from the Outpatient program(s) (such as Outpatient Substance Abuse, PTSD Clinical Team (PCT), Day Treatment, CWT, etc) where the PR RTP veterans may receive the preponderance of their clinical care. The RR team will also generally include the PR RTP Program Coordinator and staff who are assigned to facilitate the supportive nature of the residence and provide evening and/or weekend coverage on the RR unit itself. In most cases (except CWT TR programs), the evening and/or weekend

coverage will consist of paid VA staff, ranging from Nursing Assistants and/or Rehabilitation Technicians to professional Nursing staff. The type of staff required for evening and/or weekend coverage will vary, depending on:

- (1) The clinical needs of residents (use of the American Society of Addictive Medicine (ASAM) criteria to assess various domains is encouraged).
- (2) The intensity of programmatic structure (i.e., scheduled activities, individual rehabilitation plan expectations, peer support expectations, assigned residential responsibilities, etc.).
- (3) The maturity of the residential culture (the extent to which residents actually do support each other, strength of resident councils, etc.).
- (4) Accreditation requirements.

b. In some cases, such as the CWT TR's, a current or "graduate" PR RTP resident may supervise the residence in lieu of staff. These "House Managers" must have a stable, responsible, caring demeanor and have leadership qualities such as effective communication skills, ability to motivate, etc. At a minimum, House Managers, and non-professional staff are to be trained to observe resident behaviors, facilitate a healthy therapeutic environment, (i.e., encourage socialization and participation, coordinate residential activities, etc), ensure safety, and assess the need for professional medical or psychiatric intervention. Professional staff must be available on an emergency and/or call-back basis.

**3. MEDICATIONS.** Medications in PR RTPs are generally self-administered in accordance with VHA Manual M-2, Part VII, Chapter 11, Self-Medication Programs. These programs are structured to provide a controlled, supervised environment where veterans learn and practice self-medication skills prior to discharge. Medications are kept in a locked cabinet or locker accessible only to that veteran and designated staff personnel. In cases where a PR RTP veteran may not be ready for participation in a self-medication program, it is necessary for appropriately licensed staff to be assigned and available to administer medications to veterans in the PR RTP facility.

**4. MEALS.** Preparation of meals in PR RTPs may be done by the veterans themselves, or by personnel associated with a residence. When veterans assigned to the PR RTP are responsible for their meals (as is the case for all CWT TRs), sufficient staff supervision should be provided to assure patients engage in appropriate meal planning, food preparation, sanitation and safety. In some PR RTPs, especially those on medical center grounds, veterans may eat in the medical center dining room. Similar flexible arrangements will be allowed for laundry, housekeeping, and facility maintenance and repair.

## **5. PHYSICAL PLANT**

a. A PR RTP can be established in a suitable building or residence on Department of Veterans Affairs (VA) medical center grounds; or in VA-owned, leased, or otherwise acquired community-based properties.

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- b. The facility should have a comfortable and homelike environment.
- c. There should be adequate space for group activities as well as personal space for privacy. Bedrooms should be limited to two occupants.

**6. PROGRAM ADMINISTRATION.** PRRTPs will generally be under the clinical supervision of the Mental Health Service Line Director, who will appoint the Coordinator for the PRRTTP. Generally the Coordinator has primary responsibility for, and for concurring in, all PRRTTP admissions and the responsibility for program policy and procedures. ***NOTE:** An Advisory Council, which could include current and/or past residents, referral sources, community members or advocacy groups, etc is encouraged as a means of initial planning and ongoing development of PRRTTP programming.*

**7. ANNUAL REPORT.** To facilitate the monitoring and evaluation of all PRRTPs by the Northeast Program Evaluation Center (NEPEC) and specifically of Substance Abuse Residential Rehabilitation Program (SARRTPs) by Program Evaluation Research Center (PERC), a brief annual survey report is required. ***NOTE:** NEPEC is responsible for sending an annual survey to collect the data described in Attachment C.*

**8. PRRTTP MEDICAL RECORDS REQUIREMENTS.** The PRRTTP record will be integrated into the Consolidated Health Record. Each period of care in a PRRTTP will be considered the equivalent of a period of care in any other VA bed (hospital, domiciliary, nursing home care unit). ***NOTE:** The medical records requirements for patients in PRRTTP beds will be equivalent to the requirements for VA Extended Care Patient Records found in VHA Manual M-1, Part I, Chapter 5, except as noted in following subparagraphs 8b, 8d, and 8e.* The PRRTTP records will include, but are not be limited to the following:

- a. **Patient Problem List.** (Optional).
- b. **Admission Note.** The Admission Note should include the veterans strengths, abilities, needs and preferences, in addition to standard admission note content.
- c. **History and Physical Exam (H&P).** (An Interval H&P, reflecting any changes since last exam, may be sufficient when deemed appropriate by professional judgment and in conformance with accrediting entities such as JCAHO.) Timeframes for completion of H&Ps should be established based on current accreditation standards. A veteran remaining on PRRTTP status for a year or longer will be given an annual examination, to include mental status.
- d. **Comprehensive Biopsychosocial Assessment.** A comprehensive assessment will be documented to include an interpretive summary that is based on the assessment data.
- e. **Rehabilitation and/or Treatment Plan.** An individualized rehabilitation treatment plan, which will include specific, measurable goals, targeted dates for completion and designated responsible individual for addressing each goal. Discharge planning will also be contained in the rehabilitation/treatment plan.

f. **Rehabilitation Progress Notes.** The frequency of recording progress notes will be established by medical center or program policies, and will be appropriate for the veteran populations served and the program objectives.

g. **Doctor's Orders.**

h. **Informed Consent.** The provisions of Title 38 Code of Federal Regulations, Section 1734, and Title 38 United States Code 7331, and VHA policy on informed consent apply. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards also apply where not in conflict with VA regulation or policy.

i. **Discharge Summary.** The discharge summary, signed by a physician or appropriately credentialed healthcare provider will be consistent with external accreditation standards to be applied.

j. **Psychiatric Patient Records.** Unique documentation requirements for Psychiatric Patient Records will apply, as described in M-1, Part 1, Chapter 5.

**ATTACHMENT C**

**INSTRUCTIONS FOR COMPLETING NEPEC ANNUAL PR RTP SURVEY**

1. The Annual Survey of Psychosocial Residential Rehabilitation Treatment Program (PR RTP) programs should be submitted by December 1st for the most recent fiscal year ending on September 30<sup>th</sup>. Surveys are to be either mailed or faxed to:

PR RTP Evaluations  
NEPEC (182)  
c/o VA Connecticut Healthcare System  
950 Campbell Avenue  
West Haven, CT 06516  
FAX: (203) 937-3433

2. The survey report should contain the following information:

- a. Name of Medical Center of Health Care System
- b. Station number,
- c. Fiscal year covered, and
- d. Name, address, and telephone number of person completing the survey.

3. Date of first admission to the PR RTP (month and year).

4. Type of PR RTP.

5. Number of operating beds.

6. Whether or not there was a change in the number of operating beds for the Fiscal Year being covered.

7. The three most frequently seen diagnostic groups in the PR RTP, ranked by order of most frequently seen.

8. The three most frequently seen special patient populations (homeless, women, elderly, etc.) in the PR RTP, ranked by order of most frequently seen.

9. The services directly provided by the PR RTP staff, rated by importance and/or the emphasis given to a selected list of services.

10. The location of the PR RTP (medical center grounds or in community).

11. Whether the PR RTP is Department of Veterans Affairs (VA)-owned or VA-leased.



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12. The number and percentage of full-time employee equivalent (FTEE) utilized to operate the PR RTP, described by position title.
13. The procedures in place for handling evening, night, and weekend coverage of the PR RTP.
14. Whether or not there is ever a time on-site in the evening, at night, or on the weekend when coverage is not provided.

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**ATTACHMENT D**

**VISTA SETUP INSTRUCTIONS FOR PSYCHOSOCIAL RESIDENTIAL  
REHABILITATION TREATMENT PROGRAM (PR RTP)  
(i.e., establishing a new division under the category of Domiciliary in VistA)**

***NOTE:** The use of Domiciliary category for Veterans Health Information Systems and Technology Architecture (VistA) setup is for domiciliary-like functionality purposes only - PR RTP beds are not otherwise to be considered Domiciliary beds, but rather PR RTP (Psychiatry) beds.*

**1. TO ADD A NEW INSTITUTION**

Select OPTION NAME: INSTITUTION FILE ENTER/EDIT   DG INSTITUTION EDIT  
Institution File Enter/Edit

Select INSTITUTION NAME: ALB-PR RTP (SUGGESTED NAME TO IDENTIFY PR RTP)  
(e.g. first three letters of your primary division, then - PR RTP)

Are you adding 'ALB-PR RTP' as a new INSTITUTION (the 269<sup>TH</sup>)? Y   (Yes)

INSTITUTION STATE: NY   NEW YORK

INSTITUTION FACILITY TYPE: MC

1. MC (M&D)      MEDICAL CENTER (MEDICAL AND DOMICILIARY)
2. MC (M)        MEDICAL CENTER (MEDICAL LOCATION)

CHOOSE 1-2: 2

INSTITUTION STATION NUMBER: 500PA

NAME: ALB-PR RTP//

REGION:

DISTRICT:

VA TYPE CODE: MC HOSP

STATION NUMBER: 500PA//

STREET ADDR. 1: 2   3<sup>RD</sup> ST.

STREET ADDR 2:

CITY: ALBANY

STATE: NEW YORK//

ZIP: 12180

MULTI-DIVISION FACILITY: Y   YES

Select INSTITUTION NAME:

**2. TO ADD A NEW DIVISION (using Medical Administrative Services (MAS) Parameter Enter/Edit)**

(Screen showing divisions is not being displayed at this point)

(3) Divisions: TROY (500), ALBANY (500), MOBILE CLINIC (500MO),  
TEST NUMBER (500.4), CINCINNATI (539),

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ALB-PRRTP (500PA),

Select MEDICAL CENTER DIVISION NAME: ALB-PRRTP

Are you adding 'ALB-PRRTP' as

A new MEDICAL CENTER DIVISION (the 25<sup>TH</sup>)? No// Y (Yes)

MEDICAL CENTER DIVISION NUM: 541// <return>

MEDICAL CENTER DIVISION FACILITY NUMBER: 500PA

OUTPATIENT ONLY:

PRINT WRISTBANDS: Y YES

PRINT 'AA' <96' ON G&L: Y YES

PRINT 'AA' ON G&L: Y YES

NHCU/DOM/HOSP G&L: 1 SEPARATE \*\*\*\*\*

INSTITUTION FILE POINTER: ALB-PRRTP NY MC(M) 500PA

DEFAULT 1010 PRINTER:

DEFAULT DRUG PROFILE PRINTER:

DEFAULT ROUTING SLIP PRINTER:

Select MEDICAL CENTER DIVISION NAME:

**NOTE:** Make sure that the primary division is the one that appears as the first entry when entering the MAS Parameter Screen (If not, the last division added with display on the top of the Bed Section Report and Treating Specialty Report).

### **3. TO ADD A NEW WARD (Using Ward Definition Enter/Edit)**

Ward Definition Entry/Edit

Select WARD LOCATION NAME: PRRTP

Are you adding 'PRRTP' as a new WARD LOCATION (the 31<sup>ST</sup>)? Y YES

WARD LOCATION HOSPITAL LOCATION FILE POINTER: PRRTP

Are you adding 'PRRTP' as a new HOSPITAL LOCATION (the 125<sup>TH</sup>)? Y (Yes)

HOSPITAL LOCATION TYPE: W WARD

HOSPITAL LOCATION TYPE EXTENSION: WARD//

WARD LOCATION G&L ORDER: 21.5 (OR WHEREVER YOU WISH TO PRINT IT)

NAME: PRRTP//

PRINT WARD ON WRISTBAND: Y YES

DIVISION: ALB-PRRTP 500PA

INSTITUTION: ALB-PRRTP NY MC(M) 500PA

ABBREVIATION: PRRTP

BEDSECTION: PRRTP

SPECIALITY: PSYCH

1 PSYCH RESID REHAB TRMT PROG

2 PSYCHIATRIC MENTALLY INFIRM

CHOOSE 1-2: 1

SERVICE: DOM DOMICILIARY

PRIMARY LOCATION: PRRTP

Select AUTHORIZED BEDS DATE: 10 1 97 OCT 01, 1997

Are you adding 'OCT 01, 1997' as a new AUTHORIZED BEDS

DATE (the 1<sup>ST</sup> for this WARD LOCATION)? Y (Yes)

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NUMBER OF AUTHORIZED BEDS: 20

SERIOUSLY ILL:

Select SYNONYM:

G&L ORDER: 21.5//

Select TOTALS: PR RTP TOTALS

Are you adding 'PR RTP TOTALS' as a new TOTALS (the 1<sup>ST</sup> for this WARD LOCATION)?

Y (Yes)

TOTALS LEVEL: 1//

PRINT IN CUMULATIVE TOTALS: Y YES

CUM TITLE: PR RTP//

Select TOTALS:

Select WARD LOCATION NAME: NCHU (OR WHATEVER YOU WANT TO PUT IT IN FRONT OF/AFTER, ETC.) NAME: NCHU//^TOTALS

Select TOTALS: GRAND TOTALS// ?

Answer with TOTALS LEVEL

Choose from:

- 1 NCHU TOTALS
- 2 DON'T DISPLAY
- 3 GRAND TOTALS

MEDICAL CENTER TOTALS	40	0	0	40
PR RTP PR RTP	3	0	1	2
PR RTP TOTALS	3	0	1	2
DOMICIL DOM	1	0	0	1
DOM TOTALS	1	0	0	1

2 NCHU NCHU	1	0	0	1
NCHU NCHU	0	0	0	0

NCHU TOTALS	1	0	0	1
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GRAND TOTALS	45	0	1	44
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#### 4. TO PLACE WARD OUT-OF SERVICE (Using Edit Ward Out-Of-Service Dates)

Select OPTION NAME: EDIT WARD OUT-OF-SERVICE DATES DGPM

WARD OOS EDIT

Edit Ward Out-of-Service Dates

Select WARD LOCATION NAME: PR RTP

Select OUT-OF-SERVICE DATE: 10 1 97 OCT 01,1997

Are you adding 'OCT 01, 1997' as a new OUT-OF-SERVICE DATE (the 1<sup>ST</sup> for this WARD LOCATION)? Y

(Yes) OUT-OF-SERVICE DATE(S): OCT 1, 1997//

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REASON: OTHER

1 OTHER CONSTRUCTION

2 OTHER REASONS

CHOOSE 1-2: 2

COMMENT: PRRTP TRACKING

RETURN TO SERVICE DATE: 5 1 97 (MAY 01, 1997) (OR WHATEVER DATE YOU  
WISH TO ACTIVATE THIS WARD) IS ENTIRE WARD OUT OF SERVICE?: Y YES  
DISPLAY OOS ON G&L: YES YES

**5. TO SET UP TREATING SPECIALTY REPORT FOR THE NEW WARD  
(PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAM  
(PRRTP))**

Select FACILITY TREATING SPECIALTY NAME: PSYCH RESID REHAB TRMT PROG  
PSYCH RESID REHAB TRMT PROG

NAME: PSYCH RESID REHAB TRMT PROG//

Select EFFECTIVE DATE: OCT 1, 1997//

EFFECTIVE DATE: OCT 1, 1997//

ACTIVE?: YES//

SPECIALTY: PSYCH RESID REHAB TRMT PROG//

SERVICE: PSYCHIATRY// DOMICILIARY

Select PROVIDERS:

ABBREVIATION:

The information for the PSYCH RESID REHAB TRMT PROG treating specialty should be  
entered by Medical Center Division as of midnight on Sep 30, 1997 to properly initialize the  
Treating Specialty Report!

Following any new entries to or revisions of this data, the G&L MUST BE recalculated back to  
Oct 01, 1997.

Select MEDICAL CENTER DIVISION NAME: ALB-PRRTP 500PA

PATIENTS REMAINING: 0

PASS PATIENTS REMAINING: 0

AA PATIENTS REMAINING: 0

UA PATIENTS REMAINING: 0

ASIH PATIENTS REMAINING: 0

TSR ORDER: 200

Select MEDICAL CENTER DIVISION NAME:

Select FACILITY TREATING SPECIALTY NAME:

**6. ADMIT AND/OR TRANSFER IN-PATIENTS**

**7. RECALCULATE GAINS AND LOSSES (G&L) CUM TOTALS BACK TO 10/1/97**

**8. RUN G&L, INCLUDING BSR AND TSR**

**9. EXPERIMENTATION WITH NEW DIVISION AND/OR DOMICILIARY WARD FOR TRACKING PR RTP**

- a. Create a new Institution file entry (ALB-PR RTP) -or whatever.
- b. Create a new Division file entry (ALB-PR RTP) -or whatever.
- c. Create a new Ward with DOMICILIARY as the SERVICE.

Place beds OOS from 10/1/97 and Return to Service whatever day you are going to start tracking. You must show Authorized Beds at this time.

- d. Set up the Treating Specialty Report for PR RTP as all zeroes for each of your current divisions.
- e. Recalculate G&L Cum Totals back to 10/1/97.
- f. Manually track any PTF records with a suffix of BU for DOM and ensure (if the facility already has a DOM), that the suffix is changed to PA.

**Appendix B**  
**Psychosocial Residential Rehabilitation Treatment Program (PRRTP)**  
**Annual Narrative Form for Fiscal Year 2001**





Form PRRTP01

# **Psychosocial Residential Rehabilitation Treatment Program (PRRTP) Annual Survey for Fiscal Year 2001**

Page 1 of 4

**Name, VA address, telephone number and FAX of individual completing this form:**

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Are you the program coordinator for your PRRTP? \_\_\_\_\_

If not, please provide the name, address, telephone number and FAX of the Coordinator.

---



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---

1. VA Facility Code (use 5-digit code if applicable) ..... " " " " " (12)

2. Type of PRRTP (**check only one**)

- " 1. Substance Abuse (SARRTP)
- " 2. PTSD (PRRP)
- " 3. Psychiatric (PRRTP)
- " 4. HCMV CWT/TR
- " 5. SA CWT/TR
- " 6. PTSD CWT/TR
- " 7. General CWT/TR

(13)

3. Please provide the following information for your PRRTP:

3a. Start up date ..... (mm/yy) " " / " " (14-17)  
 3b. End date (if applicable) ..... (mm/yy) " " / " " (18-21)

4. Did your PRRTP program either start up or end during FY 2001? " 1 = yes " 0 = no (22)

5. Number of operating beds in your PRRTP on October 1, 2000? ..... " " " (23-25)

6. Number of operating beds in your PRRTP program on September 30, 2001? ..... " " " (26-28)

7. Indicate the three most frequently seen diagnostic groups in your PRRTP (**rank order no more than three main target groups with A1" designating the group receiving the most emphasis and >3' the least**).

- " a. Substance abuse disorder..... (29)
- " b. Severe mental illness ..... (30)
- " c. Dual diagnosis ..... (31)
- " d. All psychiatric conditions..... (32)
- " e. PTSD ..... (33)
- " f. Medical co-morbidities..... (34)
- " g. Other (specify) ..... (35)

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8. Indicate the three most frequently seen special patient populations in your PRRTP (rank order no more than 3 target groups with A1" designating the group receiving the most emphasis and A3" the least).

- |   |                          |      |
|---|--------------------------|------|
| " | a. Homeless .....        | (36) |
| " | b. Women .....           | (37) |
| " | c. Elderly .....         | (38) |
| " | d. AIDS/HIV .....        | (39) |
| " | e. Other (specify) _____ | (40) |

9. On average, how many hours each day do the veterans in your PRRTP spend in rehabilitative activities? " " (41-42)  
.....(hrs/day)

10. Please use the following 5 categories to describe the services provided to the veterans in your PRRTP. (Check one box for each item)

	Not Provided	Somewhat Important	Moderately Important	Quite Important	Primary Importance	
	0	1	2	3	4	
a. Assessment and diagnosis .....	"	"	"	"	"	(43)
b. Relapse prevention .....	"	"	"	"	"	(44)
c. Crises intervention .....	"	"	"	"	"	(45)
d. Detoxification .....	"	"	"	"	"	(46)
e. Substance abuse counseling.....	"	"	"	"	"	(47)
f. Individual counseling or psychotherapy.....	"	"	"	"	"	(48)
g. Group counseling or psychotherapy .....	"	"	"	"	"	(49)
h. Medication management .....	"	"	"	"	"	(50)
i. Couples or family counseling.....	"	"	"	"	"	(51)
j. Work therapy or work training.....	"	"	"	"	"	(52)
k. Social skills training.....	"	"	"	"	"	(53)
l. Daily living skills training .....	"	"	"	"	"	(54)
m. Money management .....	"	"	"	"	"	(55)
n. Occupational or recreational therapy. ....	"	"	"	"	"	(56)
o. Self-help groups (e.g. AA/NA).....	"	"	"	"	"	(57)
p. Discharge planning .....	"	"	"	"	"	(58)

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11. Your PRRTP Program is located **(Check only one)**

- " 1. On a VA hospital ward
- " 2. In VA owned housing located in the community
- " 3. In a building on VA grounds
- " 4. In a leased property located in the community

(59)

12. Please indicate the total number of FTEE for each of the following categories of staff who devote time to treating veterans in your PRRTP. If an FTEE splits his/her time between the PRRTP and another mental health program(s), only include the FTEE actually spent with PRRTP patients. If any of your program's positions are not listed, please include them under "All other staff" at the end of the list.

**Note: 1.0 equals a full-time employee (40 hrs. per week) , 0.5 a half-time employee (20 hrs. per week), 0.25 a quarter-time employee (10 hrs. per week) etc.**

## **#FTEE in your Program**

a. Physician/Psychiatrist.....	" " " "	(60-63)
b. Psychologist.....	" " " "	(64-67)
c. Physician's Assistant.....	" " " "	(68-71)
d. RN, Clinical Nurse Specialist, Nurse Practitioner.....	" " " "	(72-75)
e. LPN, LVN, Nurse's Aide.....	" " " "	(76-79)
f. Addiction Therapist/Counselor (non-SW).....	" " " "	(80-83)
g. Social Worker.....	" " " "	(84-87)
h. Psychology Aids, Social Work/Rehab/Health Techs or Aides.....	" " " "	(88-91)
i. Program Coordinator/Administrator/Director.....	" " " "	(92-95)
j. Health/Social Science Specialist.....	" " " "	(96-99)
k. Recreational Therapist.....	" " " "	(100-103)
l. Vocational Rehabilitation Specialist.....	" " " "	(104-107)
m. Secretary, Administrative Assistant, Clerk.....	" " " "	(108-111)
n. All other staff .....	" " " "	(112-115)

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13. Please indicate the procedures in place for handling evening, night and weekend coverage at your PRRTP (**Check only one**).

(116)

- " 1. Paid VA staff present 24hrs/7days.
- " 2. House managers or staff designee with VA clinical staff available by phone or pager for emergencies; VA clinical staff present some of the time.
- " 3. House managers or staff designee with VA clinical staff available by phone or pager for emergencies.
- " 4. Other (please specify \_\_\_\_\_)

14. Is there ever a time during evening, night and weekend coverage where a VA clinical staff person, house manager or trained designee is away from the residence for more than 1 hour during the day, evening or night when residents are present?..... " 1 = yes " 0 = no

(117)

**Appendix C**  
**Data Excluded from the Patient-Specific Analyses**

PRRTP discharges from these medical centers during FY 2001 were the result of coding errors and do not represent authorized PRRTP programs.



**Appendix C.**  
**FY 2001 Data Excluded from the Patient-Specific Analyses**  
**Medical Centers using PR RTP Codes in Error**

<b>SITE</b>	<b>Bed Section Code</b>	<b>Number of Discharges for FY01</b>
Bay Pines	25	2
Bay Pines	28	1
Dallas	25	6
West Los Angeles	25	1
Shreveport	25	2
Kansas City	25	19
<b>Total discharges in PTF excluded from analyses</b>		<b>31</b>





## **Appendix D**

### **Data Tables**



**Table 1a. PRRTTP Program Characteristics; Operating Beds, Location of Program and Most Frequent Populations Seen by PRRTTP Type for FY01.**

Program Characteristics	ALL PRRTTP PROGRAMS		TYPE OF PRRTTP													
	N= 99 Programs		SARRTP		PRRTTP (general)		PRRP		SA CWT/TR		HCMI CWT/TR		PTSD CWT/TR		Gen. CWT/TR	
	(100%)		N=38 Programs		N=20 Programs		N=17 Programs		N=13 Programs		N=9 Programs		N=1 Program		N=1 Program	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Number of Operating Beds†</b>	1908	100.0%	834	43.7%	344	18.0%	325	17.0%	230	12.1%	158	8.3%	7	0.4%	10	0.5%
<b>Number of Discharges</b>	11,134	100.0%	6,955	62.5%	1,857	16.7%	1,592	14.3%	402	3.6%	292	2.6%	8	0.1%	28	0.3%
<b>Program Location</b>																
On a VA hospital ward	52	52.5%	28	73.7%	14	70.0%	9	52.9%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
In VA own community housing	22	22.2%	0	0.0%	1	5.0%	0	0.0%	12	92.3%	8	88.9%	1	100.0%	0	0.0%
In a building on VA grounds	19	19.2%	7	18.4%	4	20.0%	7	41.2%	0	0.0%	1	11.1%	0	0.0%	0	0.0%
In leased community property	6	6.1%	3	7.9%	1	5.0%	1	5.9%	1	7.7%	0	0.0%	0	0.0%	0	0.0%
<b>Most Frequent Diagnostic Target Populations (top three)</b>																
Substance abuse	82	82.8%	36	94.7%	8	40.0%	13	76.5%	13	100.0%	9	100.0%	1	100.0%	1	100.0%
Severe mental illness	21	21.2%	2	5.3%	13	65.0%	1	5.9%	1	7.7%	3	33.3%	0	0.0%	1	100.0%
Dual diagnosis	80	80.8%	33	86.8%	17	85.0%	10	58.8%	11	84.6%	8	88.9%	0	0.0%	1	100.0%
All psychiatric conditions	21	21.1%	3	7.9%	10	50.0%	2	11.8%	3	23.1%	2	22.2%	1	100.0%	0	0.0%
PTSD	52	52.5%	19	50.0%	6	30.0%	17	100.0%	6	46.2%	3	33.3%	1	100.0%	0	0.0%
Medical co-morbidities	27	27.3%	15	39.5%	1	5.0%	7	41.2%	2	15.4%	2	22.2%	0	0.0%	0	0.0%
Other diagnostic group	5	5.1%	2	5.3%	2	10.0%	1	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Most Frequent Special Patient Populations (top three)</b>																
Homeless	93	93.9%	38	100.0%	17	85.0%	14	82.4%	13	100.0%	9	100.0%	1	100.0%	1	100.0%
Female	49	49.5%	20	52.6%	11	55.0%	5	29.4%	6	46.2%	5	55.6%	1	100.0%	1	100.0%
Elderly	47	47.5%	23	60.5%	11	55.0%	6	35.3%	3	23.1%	4	44.4%	0	0.0%	0	0.0%
AIDS/HIV	30	30.3%	13	34.2%	0	0.0%	7	41.2%	7	53.8%	3	33.3%	0	0.0%	0	0.0%
Other patient population	26	26.3%	7	18.4%	5	25.0%	7	41.2%	4	30.8%	2	22.2%	0	0.0%	1	100.0%

† The number of operating beds includes programs that were operational during all or part of FY 2001

**Table 1b. Number of PR RTP Programs, Operating Beds, Discharges and FTEE to Operating Bed Ratio by Fiscal Year.**

	FY96	FY97	FY98†	FY99	FY00	FY01	Change from FY96 to FY01	Change from FY96 to FY01	Change from FY00 to FY01	Change from FY00 to FY01
Total number of all PR RTP programs	38	56	100	98	103	99	61	160.5%	-4	-3.9%
Total number of all PR RTP operating beds†	711	1175	2135	1972	2062	1908	1197	168.4%	-154	-7.5%
Total number of all PR RTP discharges	2204	6117	16470	16318	14362	11134	8930	405.2%	-3228	-22.5%
PR RTP FTEE to operating bed ratio	0.32	0.40	0.49	0.44	0.42	0.42	0.10	31.3%	0.00	0.0%
Number of SAR RTP programs	6	20	45	39	38	38	32	533.3%	0	0.0%
Number of SAR RTP operating beds	133	504	1091	898	875	834	701	527.1%	-41	-4.7%
Number of SAR RTP discharges	988	3889		10225	9182	6955	5967	603.9%	-2227	-24.3%
SAR RTP FTEE to operating bed ratio	n.a.	0.50	0.57	0.47	0.43	0.46	n.a.	n.a.	0.03	7.0%
Number of PR RTP (general) programs	8	11	17	20	25	20	12	150.0%	-5	-20.0%
Number of PR RTP (general) operating beds	147	176	321	334	451	344	197	134.0%	-107	-23.7%
Number of PR RTP (general) discharges	630	1002		2980	2115	1857	1227	194.8%	-258	-12.2%
General PR RTP FTEE to operating bed ratio	n.a.	0.38	0.47	0.54	0.47	0.48	n.a.	n.a.	0.01	2.1%
Number of PRRP programs	5	6	19	19	18	17	12	240.0%	-1	-5.6%
Number of PRRP operating beds	92	145	359	374	346	325	233	253.3%	-21	-6.1%
Number of PRRP discharges	153	623		2552	2371	1592	1439	940.5%	-779	-32.9%
PRRP FTEE to operating bed ratio	n.a.	0.64	0.61	0.59	0.61	0.62	n.a.	n.a.	0.01	1.6%
Number of SA CWT/TR programs	11	12	12	12	12	13	2	18.2%	1	8.3%
Number of SA CWT/TR operating beds	200	217	235	227	222	230	30	15.0%	8	3.6%
Number of SA CWT/TR discharges	300	421		342	398	402	102	34.0%	4	1.0%
SA CWT/TR FTEE to operating bed ratio	n.a.	0.20	0.19	0.15	0.17	0.14	n.a.	n.a.	-0.03	-17.6%
Number of HCM I CWT/TR programs	8	7	7	8	8	9	1	12.5%	1	12.5%
Number of HCM I CWT/TR operating beds	139	133	129	139	151	158	19	13.7%	7	4.6%
Number of HCM I CWT/TR discharges	133	182		239	281	292	159	119.5%	11	3.9%
HCM I CWT/TR FTEE to operating bed ratio	n.a.	0.11	0.16	0.10	0.17	0.12	n.a.	n.a.	-0.05	-29.4%
Number of PTSD CWT/TR programs					1	1	1	n.a.	0	0.0%
Number of PTSD CWT/TR operating beds					7	7	7	n.a.	0	0.0%
Number of PTSD CWT/TR discharges					3	8	8	n.a.	5	166.7%
PTSD CWT/TR FTEE to operating bed ratio					0.21	0.21	0	n.a.	0.00	0.0%
Number of General CWT/TR programs					1	1	1	n.a.	0	0.0%
Number of General CWT/TR operating beds					10	10	10	n.a.	0	0.0%
Number of General CWT/TR discharges					12	28	28	n.a.	16	133.3%
General CWT/TR FTEE to operating bed ratio					0.20	0.15	0	n.a.	-0.05	-25.0%

† Data for FY 1998 are not available due to errors in coding (see FY 1998 report for details).

**Table 1c. Summary of Program Changes During FY01.**

<b>VISN</b>	<b>Site Code</b>	<b>SITE</b>	<b>PRRTP Category</b>	<b># Beds Affected by Change</b>	<b>Status</b>
2	528A5	Canandaigua	General PRRTP	-30	changed PRRTP type to SAR RTP
2	528A5	Canandaigua	SAR RTP	30	changed PRRTP type to SAR RTP
3	561	East Orange	PRRP	-25	Closed 11/00
3	620	Montrose	SAR RTP	-21	Converted to Domiciliary Bed Program
3	632	Northport	SAR RTP	12	Opened during FY01
4	542	Coatesville	PRRP	-34	Converted to Domiciliary Bed Program
4	595	Lebanon	HCMC CWT/TR	10	Increased beds from 10 to 20 during FY01
8	573	Gainesville	SA CWT/TR	8	Opened 12/00
8	546	Miami	PSTD	6	Increased beds from 10 to 16 during FY01
8	546	Miami	General PRRTP	-8	Decreased beds from 18 to 10 during FY01
11	515	Battle Creek	SAR RTP	26	Opened 7/01
11	583	Indianapolis	General PRRTP	20	Opened 7/00
12	585	Iron Mountain	General PRRTP	-12	changed PRRTP type to SAR RTP
12	585	Iron Mountain	SAR RTP	12	changed PRRTP type to SAR RTP
12	695	Milwaukee	HCMC CWT/TR	10	Opened 4/01
13	568	Fort Meade	SAR RTP	12	Opened 10/00
16	520	Biloxi	SAR RTP	-35	Closed 10/00
16	580	Houston	General PRRTP	-12	Closed 12/00
17	674A4	Waco	PRRP	20	Opened 6/01
19	666	Sheridan	General PRRTP	10	Increased beds from 17 to 27 during FY01
21	640	Palo Alto	General PRRTP	-24	Closed 9/01
22	600	Long Beach	SAR RTP	15	Increased beds from 30 to 45 during FY01

**Table 2. PR RTP Program Characteristics; Services Provided by PR RTP Type for FY01.**

Program Characteristics	ALL PR RTP		TYPE OF PR RTP													
	PROGRAMS		SARRTP		PR RTP (general		PRRP		SA CWT/TR		HCMC CWT/TR		PTSD CWT/TR		GEN CWT/TR	
	N= 99 Programs		N=38 Programs		N=20 Programs		N=17 Programs		N=13 Programs		N=9 Programs		N=1 Program		N=1 Program	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Services Provided</b>																
Assessment and diagnosis	96	97.0%	36	94.7%	20	100.0%	17	100.0%	12	92.3%	9	100.0%	1	100.0%	0	0.0%
Relapse prevention	96	97.0%	37	97.4%	18	90.0%	17	100.0%	13	100.0%	9	100.0%	1	100.0%	1	100.0%
Crises intervention	90	90.9%	34	89.5%	18	90.0%	15	88.2%	12	92.3%	9	100.0%	1	100.0%	1	100.0%
Detoxification	15	15.2%	10	26.3%	2	10.0%	2	11.8%	0	0.0%	1	11.1%	0	0.0%	0	0.0%
Substance abuse counseling	95	96.0%	37	97.4%	19	95.0%	16	94.1%	13	100.0%	8	88.9%	1	100.0%	1	100.0%
Individual counseling	93	93.9%	37	97.4%	18	90.0%	17	100.0%	11	84.6%	8	88.9%	1	100.0%	1	100.0%
Group counseling	95	96.0%	37	97.4%	19	95.0%	17	100.0%	12	92.3%	8	88.9%	1	100.0%	1	100.0%
Medication management	90	90.9%	36	94.7%	19	95.0%	17	100.0%	9	69.2%	7	77.8%	1	100.0%	1	100.0%
Couples/family counseling	78	78.8%	36	94.7%	14	70.0%	15	88.2%	7	53.8%	4	44.4%	1	100.0%	1	100.0%
Work therapy/training	70	70.7%	25	65.8%	14	70.0%	7	41.2%	13	100.0%	9	100.0%	1	100.0%	1	100.0%
Social skills training	95	96.0%	35	92.1%	19	95.0%	17	100.0%	13	100.0%	9	100.0%	1	100.0%	1	100.0%
Daily living skills training	90	90.9%	33	86.8%	20	100.0%	13	76.5%	13	100.0%	9	100.0%	1	100.0%	1	100.0%
Money management	82	82.8%	29	76.3%	18	90.0%	11	64.7%	13	100.0%	9	100.0%	1	100.0%	1	100.0%
Occupational/recreational therapy	90	90.9%	35	92.1%	18	90.0%	17	100.0%	10	76.9%	8	88.9%	1	100.0%	1	100.0%
Self-help groups	91	91.9%	37	97.4%	15	75.0%	16	94.1%	13	100.0%	8	88.9%	1	100.0%	1	100.0%
Discharge planning	96	97.0%	37	97.4%	18	90.0%	17	100.0%	13	100.0%	9	100.0%	1	100.0%	1	100.0%

Table 3. PR RTP Program Characteristics; Staffing by PR RTP Type for FY01

Program Characteristics	ALL PR RTP PROGRAMS		TYPE OF PR RTP													
	N=99 Programs		SAR RTP		PR RTP (general)		PRRP		SA CWT/TR		HCMC CWT/TR		PTSD CWT/TR		General CWT/TR	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Total FTEE</b>	804.26	100.0%	384.00	100.0%	163.78	100.0%	201.60	100.0%	33.17	100.0%	18.71	100.0%	1.50	100.0%	1.50	100.0%
<b>Total Clinical FTEE†</b>	755.26	93.9%	357.60	93.1%	155.39	94.9%	186.70	92.6%	31.64	95.4%	20.92	111.8%	1.50	100.0%	1.50	100.0%
Physician/psychiatrist	40.67	5.1%	22.23	5.8%	7.53	4.6%	10.42	5.2%	0.19	0.6%	0.30	1.6%	0.00	0.0%	0.00	0.0%
Psychologist	38.94	4.8%	15.89	4.1%	5.74	3.5%	14.89	7.4%	1.70	5.1%	0.22	1.2%	0.50	33.3%	0.00	0.0%
Physician assistant	15.03	1.9%	11.10	2.9%	1.92	1.2%	1.46	0.7%	0.40	1.2%	0.05	0.3%	0.00	0.0%	0.10	6.7%
RN, clinical nurse specialist, nurse practitioner	129.38	16.1%	49.58	12.9%	37.50	22.9%	41.13	20.4%	0.85	2.6%	0.22	1.2%	0.00	0.0%	0.10	6.7%
LPN, LVN, nurses aide	144.60	18.0%	63.99	16.7%	47.66	29.1%	32.95	16.3%	0.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.0%
Addiction therapist/counselor (non-MSW)	77.23	9.6%	62.64	16.3%	4.68	2.9%	5.80	2.9%	4.01	12.1%	0.10	0.5%	0.00	0.0%	0.00	0.0%
Social worker	69.75	8.7%	28.23	7.4%	12.76	7.8%	22.61	11.2%	1.50	4.5%	4.15	22.2%	0.00	0.0%	0.50	33.3%
Psychology/social work/rehab/ health technician or aide	103.77	12.9%	38.45	10.0%	19.02	11.6%	37.55	18.6%	6.75	20.3%	1.00	5.3%	1.00	66.7%	0.00	0.0%
Program coordinator/ administrator/director	37.12	4.6%	16.81	4.4%	4.57	2.8%	6.89	3.4%	5.20	15.7%	3.15	16.8%	0.00	0.0%	0.50	33.3%
Health/social science specialist	10.23	1.3%	2.48	0.6%	0.00	0.0%	2.75	1.4%	4.00	12.1%	1.00	5.3%	0.00	0.0%	0.00	0.0%
Recreational therapist	23.83	3.0%	12.57	3.3%	6.66	4.1%	4.55	2.3%	0.00	0.0%	0.05	0.3%	0.00	0.0%	0.00	0.0%
Vocational rehab specialist	23.32	2.9%	8.00	2.1%	3.20	2.0%	1.00	0.5%	5.35	16.1%	5.57	29.8%	0.00	0.0%	0.20	13.3%
Secretary/admin asst/clerk	52.71	6.6%	26.40	6.9%	8.39	5.1%	14.89	7.4%	1.53	4.6%	1.50	8.0%	0.00	0.0%	0.00	0.0%
All other staff	37.68	4.7%	25.63	6.7%	4.15	2.5%	4.71	2.3%	1.69	5.1%	1.40	7.5%	0.00	0.0%	0.10	6.7%
<b>Number of Operating Beds††</b>	1908		834		344		325		230		158		7		10	
<b>Mean Staff to Operational Bed Ratio</b>	0.42		0.46		0.48		0.62		0.14		0.12		0.21		0.15	

†Total clinical FTEE includes all staff with the exception of secretaries, administrative assistants and clerks

†† The number of operating beds shown were operational as of the end of FY01 unless the program closed during the fiscal year; programs that closed show the number of beds active during the operational portion of the fiscal year.

**Table 4. PR RTP Program Characteristics; Night, Weekend and Evening Coverage by PR RTP Type for FY01.**

Program Characteristics	ALL PR RTP PROGRAMS		TYPE OF PR RTP													
	N=99 Programs		SAR RTP		PR RTP (general)		PRRP		SA CWT/TR		HCMI CWT/TR		PTSD CWT/TR		General CWT/TR	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>Night, Weekend and Evening Coverage</b>																
Paid VA staff present 24hrs/7days	51	51.5%	23	60.5%	15	75.0%	13	76.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
House managers with VA clinical staff available by phone or pager for emergencies; VA clinical staff present some of the time	25	25.3%	8	21.1%	3	15.0%	2	11.8%	7	53.9%	3	33.3%	1	100.0%	1	100.0%
House managers with VA clinical staff available by phone or pager for emergencies	20	20.2%	5	13.2%	2	10.0%	1	5.9%	6	46.2%	6	66.7%	0	0.0%	0	0.0%
Other, not specified above	3	3.0%	2	5.3%	0	0.0%	1	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>house manager and/or VA clinician are not physically present during the evening, the night or the weekend†</b>	13	13.1%	6	15.8%	1	5.0%	2	11.8%	3	23.1%	1	11.1%	0	0.0%	0	0.0%

† See tables 19a-e for footnotes on individual sites without coverage during the evening, night, and/or weekend.



**Table 5a. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files).†**

Veteran Characteristics	ALL PR RTP PROGRAMS					
	FY96 N=2,204 Discharges	FY97 N= 6,117 Discharges	FY98 N=16,470 Discharges N= 100 Programs	FY99 N= 16,318 Discharges	FY00 N= 14,362 Discharges N= 103 Programs	FY01 N= 11,134 Discharges N= 99 Programs
	N= 38 Programs N= 711 Beds	N= 56 Programs N= 1175 Beds	N= 2135 Beds	N= 98 Programs N= 1972 Beds	N= 2062 Beds	N= 1908 Beds†
<b>Sex</b>						
Male	97.8%	97.1%	97.3%	97.1%	97.1%	96.9%
Female	2.2%	2.9%	2.7%	2.9%	2.9%	3.1%
<b>Ethnicity</b>						
White	50.1%	53.4%	57.6%	55.3%	56.1%	57.3%
African American	39.5%	37.7%	35.3%	36.2%	36.2%	33.9%
Hispanic	4.3%	3.9%	3.6%	3.4%	3.2%	2.9%
Other or unknown	6.1%	5.0%	3.5%	5.2%	4.5%	5.9%
<b>% Service Connected</b>						
Any service connection	25.1%	25.2%	27.8%	31.2%	31.5%	30.9%
<50%	13.3%	13.2%	14.9%	15.9%	14.8%	14.0%
50-100%	11.8%	12.0%	12.9%	15.4%	16.8%	16.9%
<b>Psychiatric Diagnoses</b>						
Substance abuse/dependency	70.7%	79.5%	79.1%	73.2%	71.6%	72.4%
Alcohol dependency/abuse	43.7%	53.1%	54.3%	49.8%	49.2%	50.2%
Drug dependency/abuse	27.0%	26.4%	24.7%	23.4%	22.4%	22.2%
Schizophrenia	10.8%	3.0%	2.4%	2.6%	3.2%	4.3%
Other psychotic disorder	4.5%	2.5%	2.7%	3.0%	3.9%	4.1%
PTSD	8.9%	10.1%	12.5%	18.5%	17.5%	16.0%
Other psychiatric disorder	3.5%	2.9%	1.8%	1.8%	1.6%	1.7%
<b>Length of Stay (days)</b>						
Mean	82.4	44.1	29.4	34.7	34.7	39.3
Standard Deviation	98.6	57.3	43.1	43.6	42.9	48.4

† The number of operating beds includes programs that were operational during all or part of FY 2001.

**Table 5b. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); SAR RTP Programs.†**

Veteran Characteristics	SAR RTP PROGRAMS				
	FY96	FY97	FY99	FY00	FY01
	N=988 Discharges N= 6 Programs N= 133 Beds	N=3,889 Discharges N= 20 Programs N= 504 Beds	N=10,225 Discharges N= 39 Programs N= 898 Beds	N=9,182 Discharges N= 38 Programs N= 875 Beds	N=6,955 Discharges N= 38 Programs N= 834 Beds
<b>Sex</b>					
Male	97.5%	97.6%	97.4%	97.4%	97.3%
Female	2.5%	2.4%	2.6%	2.6%	2.7%
<b>Ethnicity</b>					
White	44.1%	53.9%	52.3%	53.7%	55.3%
African American	48.0%	40.0%	40.8%	39.5%	37.8%
Hispanic	5.4%	2.8%	2.8%	2.8%	2.0%
Other or unknown	2.5%	3.3%	4.1%	4.0%	4.8%
<b>% Service Connected</b>					
Any service connection	15.8%	18.5%	21.6%	22.2%	22.2%
<50%	11.9%	11.6%	13.1%	12.8%	12.5%
50-100%	3.8%	6.9%	8.5%	9.4%	9.7%
<b>Psychiatric Diagnoses</b>					
Substance abuse/dependency	99.0%	96.4%	98.4%	96.2%	97.7%
Alcohol dependency/abuse	56.9%	63.3%	66.1%	66.2%	67.3%
Drug dependency/abuse	42.1%	33.1%	32.2%	30.0%	30.4%
Schizophrenia	0.3%	0.4%	0.1%	0.3%	0.2%
Other psychotic disorder	0.4%	0.7%	0.6%	0.5%	0.6%
PTSD	0.2%	0.3%	0.4%	0.5%	0.7%
Other psychiatric disorder	0.0%	1.9%		0.3%	0.4%
<b>Length of Stay (days)</b>					
Mean	34.6	26.5	25.1	25.6	27.1
Standard Deviation	35.5	23.7	18.7	20.6	23.0

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

**Table 5c. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); General PR RTP Programs.†**

Veteran Characteristics	GENERAL PR RTP PROGRAMS				
	FY96 N=630 Discharges N=8 Programs N=147 Beds	FY97 n=1,002 Discharges N=11 Programs N=176 Beds	FY99 N=2,980 Discharges N=20 Programs N=334 Beds	FY00 N=2,115 Discharges N=25 Programs N=451 Beds	FY01 N=1,857 Discharges N=20 Programs N=344 Beds
<b>Sex</b>					
Male	97.8%	96.0%	95.1%	93.8%	94.9%
Female	2.2%	4.0%	4.9%	6.2%	5.1%
<b>Ethnicity</b>					
White	50.8%	44.7%	60.5%	63.1%	63.3%
African American	28.7%	38.2%	25.8%	26.7%	21.1%
Hispanic	4.6%	7.4%	4.2%	4.6%	5.9%
Other or unknown	15.9%	9.7%	9.4%	5.6%	9.7%
<b>% Service Connected</b>					
Any service connection	38.4%	32.2%	37.2%	38.2%	36.6%
<50%	12.4%	11.7%	15.5%	12.9%	12.6%
50-100%	26.0%	20.6%	21.7%	25.3%	24.0%
<b>Psychiatric Diagnoses</b>					
Substance abuse/dependency	36.7%	55.5%	46.6%	40.9%	35.5%
Alcohol dependency/abuse	28.3%	41.4%	35.3%	29.4%	28.5%
Drug dependency/abuse	8.4%	14.1%	11.3%	11.4%	7.0%
Schizophrenia	36.8%	16.6%	13.6%	20.2%	24.7%
Other psychotic disorder	12.4%	9.9%	13.4%	22.6%	21.3%
PTSD	6.8%	2.4%	96.9%	7.9%	10.0%
Other psychiatric disorder	5.2%	6.5%		6.8%	7.5%
<b>Length of Stay (days)</b>					
Mean	120.8	44.7	38.5	37.6	44.8
Standard Deviation	127.0	48.0	49.0	52.8	46.5

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

**Table 5d. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); PRRP Programs.†**

Veteran Characteristics	PRRP PROGRAMS				
	FY96 N=153 Discharges N= 5 Programs N= 92 Beds	FY97 N=623 Discharges N= 6 Programs N= 145 Beds	FY99 N=2,532 Discharges N= 19 Programs N= 374 Beds	FY00 N=2,371 Discharges N= 18 Programs N= 346 Beds	FY01 N=1,592 Discharges N= 17 Programs N= 325 Beds
<b>Sex</b>					
Male	99.4%	95.4%	98.4%	99.1%	98.1%
Female	0.7%	4.7%	1.6%	0.9%	2.0%
<b>Ethnicity</b>					
White	85.6%	70.0%	63.0%	60.6%	61.7%
African American	10.5%	12.2%	27.6%	30.0%	27.6%
Hispanic	2.0%	7.5%	4.8%	3.9%	4.3%
Other or unknown	1.9%	10.3%	4.7%	5.5%	6.5%
<b>% Service Connected</b>					
Any service connection	67.3%	69.8%	68.4%	66.8%	70.4%
<50%	34.6%	29.5%	28.9%	25.4%	23.6%
50-100%	32.7%	40.3%	39.5%	41.4%	46.8%
<b>Psychiatric Diagnoses</b>					
Substance abuse/dependency	0.7%	4.8%	2.8%	2.3%	1.3%
Alcohol dependency/abuse	0.7%	3.1%	1.8%	1.6%	0.9%
Drug dependency/abuse	0.0%	1.8%	1.0%	0.7%	0.4%
Schizophrenia	0.7%	0.0%	0.1%	0.0%	0.1%
Other psychotic disorder	1.3%	2.3%	0.4%	0.5%	0.4%
PTSD	94.1%	93.1%	96.9%	96.4%	96.4%
Other psychiatric disorder	2.0%	1.9%		1.8%	0.8%
<b>Length of Stay (days)</b>					
Mean	60.7	49.9	39.0	36.9	36.6
Standard Deviation	55.4	25.9	31.2	23.8	24.7

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

**Table 5e. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); SA CWT/TR Programs.†**

Veteran Characteristics	SA CWT/TR PROGRAMS				
	FY96 N=300 Discharges N= 11 Programs N= 200 Beds	FY97 N=421 Discharges N= 12 Programs N= 217 Beds	FY99 N=342 Discharges N= 12 Programs N= 227 Beds	FY00 N=398 Discharges N= 12 Programs N= 222 Beds	FY01 N=402 Discharges N= 13 Programs N= 230 Beds
<b>Sex</b>					
Male	97.7%	97.6%	95.3%	94.7%	95.8%
Female	2.3%	2.4%	4.7%	5.3%	4.2%
<b>Ethnicity</b>					
White	48.3%	42.3%	37.7%	42.2%	44.5%
African American	50.5%	53.9%	55.0%	52.3%	50.0%
Hispanic	0.7%	1.9%	3.5%	2.5%	0.8%
Other or unknown	0.3%	1.9%	3.8%	3.0%	4.7%
<b>% Service Connected</b>					
Any service connection	11.3%	10.0%	9.9%	9.8%	10.5%
<50%	10.3%	8.3%	8.2%	8.3%	10.0%
50-100%	1.0%	1.7%	1.8%	1.5%	0.5%
<b>Psychiatric Diagnoses</b>					
Substance abuse/dependency	93.0%	96.9%	77.2%	78.9%	82.6%
Alcohol dependency/abuse	59.0%	64.4%	47.1%	46.5%	47.0%
Drug dependency/abuse	34.0%	32.5%	30.1%	32.4%	35.6%
Schizophrenia	0.3%	0.0%	0.0%	0.5%	0.0%
Other psychotic disorder	1.3%	0.7%	0.9%	1.0%	2.0%
PTSD	2.3%	1.0%	0.6%	0.5%	0.3%
Other psychiatric disorder	1.3%	1.0%		1.0%	0.5%
<b>Length of Stay (days)</b>					
Mean	151.8	148.3	169.4	152.4	157.4
Standard Deviation	104.2	106.9	111.9	99.3	109.7

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

**Table 5f. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); HCMI CWT/TR Programs.†**

Veteran Characteristics	HCMI CWT/TR PROGRAMS				
	FY96 N=133 Discharges N= 8 Programs N= 139 Beds	FY97 N=182 Discharges N= 7 Programs N= 133 Beds	FY99 N=239 Discharges N= 8 Programs N= 139 Beds	FY00 N=281 Discharges N= 8 Programs N= 151 Beds	FY01 N=292 Discharges N= 9 Programs N= 158 Beds
<b>Sex</b>					
Male	98.5%	96.7%	95.0%	97.5%	96.6%
Female	1.5%	3.3%	5.0%	2.5%	3.4%
<b>Ethnicity</b>					
White	54.1%	61.0%	61.1%	62.3%	57.5%
African American	35.3%	34.6%	33.9%	31.7%	38.0%
Hispanic	6.0%	1.1%	2.1%	1.4%	1.7%
Other or unknown	4.5%	3.3%	2.9%	4.6%	2.7%
<b>% Service Connected</b>					
Any service connection	13.5%	9.3%	12.1%	18.9%	15.4%
<50%	10.5%	8.2%	7.5%	12.8%	12.0%
50-100%	3.0%	1.1%	4.6%	6.0%	3.4%
<b>Psychiatric Diagnoses</b>					
Substance abuse/dependency	52.6%	64.3%	68.2%	75.1%	76.0%
Alcohol dependency/abuse	34.6%	44.0%	44.8%	48.4%	50.7%
Drug dependency/abuse	18.1%	20.3%	23.4%	26.7%	25.3%
Schizophrenia	1.5%	0.0%	1.7%	0.7%	0.7%
Other psychotic disorder	7.5%	5.0%	3.8%	6.1%	3.1%
PTSD	0.8%	1.1%	4.2%	3.6%	2.4%
Other psychiatric disorder	27.1%	12.6%		2.1%	2.7%
<b>Length of Stay (days)</b>					
Mean	124.2	155.8	159.0	124.1	137.7
Standard Deviation	101.6	113.8	103.8	99.2	93.0

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

**Table 5g. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); PTSD and General CWT/TR Programs.†**

Veteran Characteristics	PTSD and GENERAL CWT/TR PROGRAMS			
	FY00 PTSD N=3 Discharges N= 1 Program N=7 Beds	FY01 PTSD N=8 Discharges N= 1 Program N=7 Beds	FY00 General CWT/TR N=12 Discharges N= 1 Program N=10 Beds	FY01 General CWT/TR N=28 Discharges N= 1 Program N=10 Beds
<b>Sex</b>				
Male	0.0%	0.0%	91.7%	100.0%
Female	100.0%	100.0%	8.3%	0.0%
<b>Ethnicity</b>				
White	100.0%	50.0%	83.3%	78.6%
African American	0.0%	25.0%	16.7%	14.3%
Hispanic	0.0%	12.5%	0.0%	0.0%
Other or unknown	0.0%	12.5%	0.0%	7.1%
<b>% Service Connected</b>				
Any service connection	66.7%	37.5%	25.0%	10.7%
<50%	0.0%	12.5%	0.0%	7.1%
50-100%	66.7%	25.0%	25.0%	3.6%
<b>Psychiatric Diagnoses</b>				
Substance abuse/dependency	0.0%	37.5%	91.7%	89.3%
Alcohol dependency/abuse	0.0%	25.0%	91.7%	75.0%
Drug dependency/abuse	0.0%	12.5%	0.0%	14.3%
Schizophrenia	0.0%	0.0%	0.0%	0.0%
Other psychotic disorder	33.3%	37.5%	0.0%	0.0%
PTSD	0.0%	12.5%	8.3%	14.3%
Other psychiatric disorder	66.7%	12.5%	0.0%	3.6%
<b>Length of Stay (days)</b>				
Mean	23.0	97.1	71.0	150.6
Standard Deviation	11.8	44.0	51.4	83.4

† Data are not available for previous fiscal years as FY00 is the first year of operation for these two types of PR RTP programs.

**Table 6a. Number of PR RTP Programs by VISN and by Fiscal Year.**

VISN	TOTAL # of Programs in VISN						Change from FY00 to FY01	% Change from FY00 to FY01
	FY96	FY97	FY98	FY99	FY00	FY01		
1	4	5	8	7	7	6	-1	-14.3%
2	1	2	6	5	5	5	0	0.0%
3	2	2	5	6	8	7	-1	-12.5%
4	4	8	10	9	11	9	-2	-18.2%
5	1	1	1	1	1	1	0	0.0%
6	2	3	5	4	4	4	0	0.0%
7	1	1	1	1	1	1	0	0.0%
8	1	2	6	7	7	8	1	14.3%
9	0	1	1	1	1	1	0	0.0%
10	2	5	5	6	4	4	0	0.0%
11	1	3	4	4	4	5	1	25.0%
12	1	1	6	7	10	12	2	20.0%
13	1	1	2	2	2	3	1	50.0%
14	1	2	2	1	1	1	0	0.0%
15	1	2	3	3	4	3	-1	-25.0%
16	3	3	6	7	8	7	-1	-12.5%
17	1	1	2	2	2	3	1	50.0%
18	4	4	4	3	3	3	0	0.0%
19	1	0	5	3	1	1	0	0.0%
20	3	3	7	8	9	7	-2	-22.2%
21	3	6	9	9	9	7	-2	-22.2%
22	0	0	2	2	1	1	0	0.0%
<b>Nat.Total</b>	<b>38</b>	<b>56</b>	<b>100</b>	<b>98</b>	<b>103</b>	<b>99</b>	<b>-4</b>	<b>-3.9%</b>
<b>VISN Avg</b>	<b>1.7</b>	<b>2.5</b>	<b>4.5</b>	<b>4.5</b>	<b>4.7</b>	<b>4.5</b>	<b>-0.2</b>	<b>1.5%</b>
<b>VISN S.D.</b>	<b>1.2</b>	<b>2.0</b>	<b>2.6</b>	<b>2.7</b>	<b>3.3</b>	<b>3.0</b>	<b>1.0</b>	<b>19.8%</b>



**Table 6b. Number of SARRTP Programs by VISN and by Fiscal Year.**

VISN	Total Number of SARRTP's					
	FY96	FY97	FY98	FY99	FY00	FY01
1	0	1	3	2	2	1
2	0	0	3	2	2	3
3	1	1	3	3	3	3
4	2	5	5	5	5	3
5	0	1	1	1	1	1
6	0	1	3	3	3	3
7	0	0	0	0	0	0
8	0	1	3	3	3	3
9	0	1	1	1	1	1
10	0	3	2	2	1	1
11	0	1	1	1	1	2
12	0	0	3	4	4	6
13	0	0	0	0	0	1
14	0	1	1	1	1	1
15	0	0	1	0	0	0
16	1	1	3	2	2	2
17	0	0	1	1	1	1
18	2	2	2	1	1	2
19	0	0	2	0	0	0
20	0	1	4	4	4	3
21	0	0	2	2	2	0
22	0	0	1	1	1	1
<b>TOTALS</b>	<b>6</b>	<b>20</b>	<b>45</b>	<b>39</b>	<b>38</b>	<b>38</b>
<b>% of Total for the FY</b>	<b>15.8%</b>	<b>35.7%</b>	<b>45.0%</b>	<b>39.8%</b>	<b>36.9%</b>	<b>38.4%</b>

**Table 6c. Number of General PRRTF and PRRP Programs by VISN and by Fiscal Year.**

VISN	Total Number of General PRRTF's						Total Number of PRRP's					
	FY96	FY97	FY98	FY99	FY00	FY01	FY96	FY97	FY98	FY99	FY00	FY01
1	0	0	1	1	0	0	1	1	1	1	1	1
2	0	1	1	1	1	0	0	0	1	1	1	1
3	1	1	1	1	2	1	0	0	1	1	2	2
4	0	1	1	1	2	2	0	0	2	1	2	2
5	0	0	0	0	0	0	0	0	0	0	0	0
6	1	1	1	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0
8	1	1	1	2	2	2	0	0	2	2	2	2
9	0	0	0	0	0	0	0	0	0	0	0	0
10	2	1	2	2	1	1	0	0	0	1	1	1
11	0	0	1	1	1	1	0	1	1	1	1	1
12	0	0	0	0	2	1	0	0	2	2	2	2
13	0	0	1	1	1	1	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0	1	0	0	0
15	0	1	1	2	3	2	0	0	0	0	0	0
16	0	0	0	1	2	2	0	0	1	2	2	1
17	0	0	0	0	0	0	0	0	0	0	0	1
18	2	2	2	2	2	1	0	0	0	0	0	0
19	0	0	1	1	1	1	1	0	2	2	0	0
20	1	1	1	2	3	3	2	1	1	1	1	0
21	0	1	2	2	2	2	1	3	3	3	3	3
22	0	0	0	0	0	0	0	0	1	1	0	0
<b>TOTALS</b>	<b>8</b>	<b>11</b>	<b>17</b>	<b>20</b>	<b>25</b>	<b>20</b>	<b>5</b>	<b>6</b>	<b>19</b>	<b>19</b>	<b>18</b>	<b>17</b>
<b>% of Total for the FY</b>	<b>21.1%</b>	<b>19.6%</b>	<b>17.0%</b>	<b>20.4%</b>	<b>24.3%</b>	<b>20.2%</b>	<b>13.2%</b>	<b>10.7%</b>	<b>19.0%</b>	<b>19.4%</b>	<b>17.5%</b>	<b>17.2%</b>

**Table 6d. Number of CWT/TR and HCMI TR Programs by VISN and by Fiscal Year.**

VISN	Total Number of Substance Abuse CWT/TR's						Total Number of HCMI CWT/TR's†					
	FY96	FY97	FY98	FY99	FY00	FY01	FY96	FY97	FY98	FY99	FY00	FY01
1	2	2	2	2	2	2	1	1	1	1	1	1
2	0	0	0	0	0	0	1	1	1	1	1	1
3	0	0	0	0	0	0	0	0	0	1	1	1
4	1	1	1	1	1	1	1	1	1	1	1	1
5	0	0	0	0	0	0	1	0	0	0	0	0
6	1	1	1	1	1	1	0	0	0	0	0	0
7	0	0	0	0	0	0	1	1	1	1	1	1
8	0	0	0	0	0	1	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0
10	0	1	1	1	1	1	0	0	0	0	0	0
11	1	1	1	1	1	1	0	0	0	0	0	0
12	1	1	1	1	1	1	0	0	0	0	0	1
13	1	1	1	1	1	1	0	0	0	0	0	0
14	1	1	0	0	0	0	0	0	0	0	0	0
15	1	1	1	1	1	1	0	0	0	0	0	0
16	1	1	1	1	1	1	1	1	1	1	1	1
17	0	0	0	0	0	0	1	1	1	1	1	1
18	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	1	1	1	1	0	0	0	0	0	0
21	1	1	1	1	1	1	1	1	1	1	1	1
22	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>11</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>13</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>8</b>	<b>9</b>
<b>% of total</b>												
<b>for Fiscal</b>												
<b>Year</b>	<b>28.9%</b>	<b>21.4%</b>	<b>12.0%</b>	<b>12.2%</b>	<b>11.7%</b>	<b>13.0%</b>	<b>21.1%</b>	<b>12.5%</b>	<b>7.0%</b>	<b>8.2%</b>	<b>7.8%</b>	<b>9.0%</b>

**Table 7a. Number of PR RTP Beds by VISN and by Fiscal Year.**

VISN	Number of Beds							
	FY96	FY97	FY98	FY99	FY00	FY01	Change from FY00 to FY01	% Change from FY00 to FY01
1	97	117	167	149	132	117	-15	-11.4%
2	11	19	118	94	94	91	-3	-3.2%
3	55	55	140	144	191	164	-27	-14.1%
4	74	173	223	198	245	161	-84	-34.3%
5	10	32	32	32	10	32	22	220.0%
6	29	54	97	96	91	90	-1	-1.1%
7	6	6	12	12	12	12	0	0.0%
8	18	43	120	122	116	122	6	5.2%
9	0	30	19	19	19	19	0	0.0%
10	53	110	110	127	80	80	0	0.0%
11	12	98	125	116	116	135	19	16.4%
12	22	22	152	151	203	219	16	7.9%
13	10	10	35	35	35	45	10	28.6%
14	9	27	28	18	18	18	0	0.0%
15	38	55	63	63	88	63	-25	-28.4%
16	72	65	121	139	151	129	-22	-14.6%
17	20	20	60	52	60	72	12	20.0%
18	55	66	68	36	42	38	-4	-9.5%
19	20	0	100	38	17	27	10	58.8%
20	69	74	144	143	154	116	-38	-24.7%
21	31	99	158	145	158	113	-45	-28.5%
22	0	0	43	43	30	45	15	50.0%
Nat. Total	711	1,175	2,135	1,972	2,062	1,908	-154	-7.5%
VISN Avg	33.9	56.0	97.0	89.6	93.7	86.7	-7.0	10.8%
VISN STD	26.8	42.7	55.0	54.7	67.5	54.3	24.5	51.1%

**Table 7b. Number of Discharges by VISN and by Fiscal Year.**

VISN	Number of Discharges†							% Change from FY00 to FY01
	FY96	FY97	FY98	FY99	FY00	FY01	Change from FY00 to FY01	
1	124	290	864	584	487	389	-98	-20.1%
2	18	61	769	886	992	851	-141	-14.2%
3	280	92	1045	1004	920	269	-651	-70.8%
4	592	1954	2317	2141	1822	748	-1074	-58.9%
5	0	81	232	179	182	236	54	29.7%
6	40	403	719	833	781	810	29	3.7%
7	0	14	6	20	40	15	-25	-62.5%
8	51	181	902	772	743	773	30	4.0%
9	NA	214	352	391	332	370	38	11.4%
10	211	637	1184	934	597	625	28	4.7%
11	31	229	1059	1016	1017	1031	14	1.4%
12	43	32	482	1243	1513	1491	-22	-1.5%
13	11	24	167	153	146	207	61	41.8%
14	23	116	15	141	105	136	31	29.5%
15	46	94	668	693	540	111	-429	-79.4%
16	117	281	1105	1295	1139	498	-641	-56.3%
17	21	18	593	572	517	702	185	35.8%
18	445	614	493	443	382	342	-40	-10.5%
19	85	NA	939	321	106	166	60	56.6%
20	42	389	1149	1109	746	726	-20	-2.7%
21	24	393	909	1094	836	549	-287	-34.3%
22	NA	NA	501	494	419	89	-330	-78.8%
Nat. Total	2,204	6,117	16,470	16,318	14,362	11,134	-3,228	-12.0%
VISN Avg	110.2	305.9	748.6	741.7	652.8	506.1	-146.7	-12.3%
VISN STD	154.5	420.4	490.9	478.5	451.0	356.2	299.4	39.8%

† Data on discharges were obtained from VA's PTF, using both inpatient and extended care files.

**Table 7c. Mean Length of Stay by VISN and by Fiscal Year.**

VISN	Mean LOS†							
	FY96	FY97	FY98	FY99	FY00	FY01	Change from FY00 to FY01	% Change from FY00 to FY01
1	127.9	94.8	37.7	72.8	71.6	88.8	17.2	24.0%
2	113.4	82.6	27.4	30.0	24.0	27.7	3.7	15.5%
3	205.9	100.2	30.0	34.9	43.6	75.4	31.8	73.0%
4	34.5	23.1	21.3	28.1	28.6	42.2	13.6	47.5%
5	NA	31.8	49.0	54.5	55.5	37.6	-17.9	-32.2%
6	155.2	42.5	31.5	34.3	34.4	31.8	-2.6	-7.5%
7	NA	165.3	79.3	178.8	106.7	119.2	12.5	11.7%
8	98.7	88.2	37.0	44.8	44.3	41.5	-2.8	-6.3%
9	NA	29.2	11.9	12.5	12.3	12.1	-0.2	-1.9%
10	64.8	38.5	33.1	38.2	38.7	32.4	-6.4	-16.4%
11	110.4	47.0	28.9	34.1	35.6	30.9	-4.7	-13.3%
12	151.5	218.9	36.3	35.1	36.8	42.3	5.5	14.9%
13	216.8	123.8	52.1	60.4	60.6	53.7	-7.0	-11.5%
14	127.0	49.8	16.2	37.7	31.1	32.7	1.6	5.1%
15	130.3	114.5	15.9	20.7	20.2	138.6	118.4	586.1%
16	89.2	66.9	29.0	29.7	29.4	42.3	12.9	43.7%
17	161.8	140.1	22.4	27.4	26.4	29.1	2.7	10.1%
18	40.6	32.1	26.1	28.0	27.3	32.8	5.5	20.0%
19	44.1	NA	29.7	40.9	44.7	40.6	-4.1	-9.1%
20	44.5	34.5	29.4	34.1	32.3	30.6	-1.7	-5.2%
21	84.1	57.1	41.7	44.7	45.9	47.7	1.8	3.8%
22	NA	NA	28.1	25.7	16.7	15.1	-1.6	-9.8%
Veteran Avg	82.4	44.1	29.5	34.7	34.7	39.3	4.6	13.4%
VISN Avg	111.2	79.0	32.5	43.0	39.4	47.5	8.1	33.7%
VISN STD	53.0	51.1	14.0	32.3	20.2	30.7	26.1	122.8%

<sup>†</sup> Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

**Table 8. Total FTEE and Ratio of FTEE to Operational Beds by VISN and by Fiscal Year**

VISN	Total Number of FTEE								FTEE to Operational Bed Ratio†							
	FY96	FY97	FY98	FY99	FY00	FY01	Change from FY00 to FY01	% Change from FY00 to FY01	FY96	FY97	FY98	FY99	FY00	FY01	Change from FY00 to FY01	% Change from FY00 to FY01
1	16.9	21.6	56.3	33.5	30.0	19.7	-10.4	-34.5%	0.17	0.23	0.37	0.26	0.23	0.20	-0.03	-13.9%
2	3.7	4.4	73.2	52.3	50.6	58.6	8.1	16.0%	0.34	0.25	0.58	0.52	0.54	0.62	0.08	13.9%
3	14.0	10.7	56.5	53.3	70.3	62.1	-8.2	-11.7%	0.25	0.20	0.41	0.35	0.37	0.31	-0.06	-16.2%
4	28.3	71.9	90.3	87.3	110.9	76.6	-34.4	-31.0%	0.38	0.41	0.43	0.39	0.45	0.48	0.03	5.6%
5	1.5	13.5	10.9	11.5	9.9	10.6	0.7	6.6%	0.15	0.42	0.34	0.36	0.99	0.33	-0.66	-66.8%
6	4.9	21.3	47.1	42.0	40.6	41.7	1.1	2.7%	0.17	0.31	0.47	0.47	0.45	0.49	0.04	8.9%
7	1.6	1.5	1.9	1.4	2.7	1.9	-0.7	-27.2%	0.27	0.25	0.16	0.11	0.22	0.16	-0.06	-27.3%
8	9.1	9.6	61.8	51.5	49.3	47.2	-2.1	-4.3%	0.51	0.24	0.58	0.45	0.42	0.43	0.01	2.4%
9	NA	6.1	8.9	12.4	13.2	12.7	-0.5	-4.2%	NA	0.20	0.47	0.65	0.69	0.67	-0.02	-2.9%
10	20.8	76.7	83.4	59.7	37.8	51.8	14.1	37.2%	0.39	0.73	0.87	0.47	0.47	0.70	0.23	49.6%
11	2.3	38.0	52.9	50.6	56.0	55.9	-0.1	-0.2%	0.19	0.35	0.40	0.38	0.48	0.38	-0.10	-21.5%
12	6.9	6.5	65.5	73.2	98.6	81.5	-17.1	-17.3%	0.31	0.30	0.44	0.49	0.49	0.35	-0.14	-28.6%
13	2.4	3.1	15.0	16.9	14.5	20.6	6.2	42.6%	0.24	0.31	0.40	0.41	0.41	0.38	-0.03	-7.6%
14	3.0	7.5	10.8	5.8	6.5	6.5	0.0	0.0%	0.33	0.25	0.38	0.32	0.36	0.36	0.00	0.3%
15	7.0	16.6	26.4	29.1	37.0	21.5	-15.5	-41.8%	0.18	0.31	0.57	0.73	0.42	0.58	0.16	37.9%
16	31.5	21.8	77.6	60.2	68.3	60.8	-7.5	-11.0%	0.44	0.42	0.73	0.47	0.45	0.45	0.00	-0.4%
17	2.8	2.4	8.3	6.5	8.0	24.2	16.2	202.8%	0.14	0.12	0.13	0.12	0.13	0.37	0.24	180.8%
18	23.1	34.6	31.3	27.7	24.4	25.6	1.2	4.7%	0.42	0.52	0.49	0.85	0.58	0.67	0.09	15.5%
19	7.2	NA	44.5	22.4	7.2	12.5	5.3	72.9%	0.36	NA	0.49	0.58	0.42	0.46	0.04	9.8%
20	16.9	32.8	52.2	45.2	48.0	40.5	-7.5	-15.6%	0.24	0.48	0.38	0.35	0.31	0.38	0.07	21.3%
21	23.0	67.2	88.8	62.4	73.6	54.7	-19.0	-25.7%	0.74	0.56	0.51	0.40	0.47	0.52	0.05	11.1%
22	NA	NA	23.0	28.5	18.5	17.3	-1.2	-6.5%	NA	NA	0.48	0.70	0.62	0.38	-0.24	-38.1%
<b>Nat.Total</b>	<b>226.9</b>	<b>467.8</b>	<b>986.6</b>	<b>833.1</b>	<b>875.8</b>	<b>804.3</b>	<b>-71.5</b>	<b>-8.2%</b>	<b>0.32</b>	<b>0.40</b>	<b>0.49</b>	<b>0.44</b>	<b>0.42</b>	<b>0.42</b>	<b>0.00</b>	<b>0.0%</b>
<b>VISN Avg</b>	<b>10.3</b>	<b>21.3</b>	<b>44.8</b>	<b>37.9</b>	<b>39.8</b>	<b>36.6</b>	<b>-3.3</b>	<b>7.0%</b>	<b>0.28</b>	<b>0.31</b>	<b>0.46</b>	<b>0.45</b>	<b>0.45</b>	<b>0.44</b>	<b>-0.01</b>	<b>6.1%</b>
<b>VISN S.D.</b>	<b>9.6</b>	<b>22.9</b>	<b>27.9</b>	<b>23.1</b>	<b>29.8</b>	<b>23.1</b>	<b>11.1</b>	<b>50.0%</b>	<b>0.16</b>	<b>0.17</b>	<b>0.16</b>	<b>0.18</b>	<b>0.17</b>	<b>0.14</b>	<b>0.18</b>	<b>45.4%</b>

† Greater ratios reflect higher staffing. These ratios do not factor in bed occupancy.

**Table 9. Most Frequent Diagnostic Target Populations Treated in PR RTP's by VISN for FY**

VISN	Number of Programs in VISN	MOST FREQUENT TOP THREE TARGET POPULATIONS					
		Number of Programs with Substance Abuse Disorder Targeted	Number of Programs with Severe Mental Illness Targeted	Number of Programs with Dual Diagnosis Targeted	Number of Programs with PTSD Targeted	Number of Programs with All Psych Conditions Targeted	Number of Programs with Medical Co-Morbidities Targeted
1	6	6	1	5	5	1	0
2	5	5	0	5	3	1	1
3	7	6	1	4	3	2	5
4	9	7	1	7	6	2	4
5	1	1	0	0	0	0	0
6	4	4	0	3	1	1	3
7	1	1	0	1	1	0	0
8	8	7	1	6	4	2	2
9	1	1	0	1	1	0	0
10	4	2	1	4	1	2	2
11	5	4	1	5	4	1	0
12	12	9	3	11	6	1	4
13	3	2	2	3	2	0	0
14	1	1	0	1	1	0	0
15	3	3	3	2	0	0	1
16	7	6	2	6	2	2	2
17	3	3	1	2	2	0	1
18	3	3	0	3	1	1	0
19	1	1	1	0	1	0	0
20	7	5	2	5	3	2	2
21	7	4	1	5	4	3	0
22	1	1	0	1	1	0	0
<b>Total</b>	<b>99 (100%)</b>	<b>82 (82.8%)</b>	<b>21 (21.2%)</b>	<b>80 (80.8%)</b>	<b>52 (52.5%)</b>	<b>21 (21.2%)</b>	<b>27 (27.3%)</b>



**Table 10. Most Frequent Special Patient Populations Treated in PR RTP's by VISN for FY01.**

VISN	Number of Programs in VISN	Most Frequent Top Three Special Patient Populations				
		Number of Programs Targeting the Homeless	Number of Programs Targeting Females	Number of Programs Targeting the Elderly	Programs Targeting Veterans with AIDS/HIV	Programs Targeting Other Special Populations†
1	6	6	3	1	5	1
2	5	5	1	4	2	3
3	7	7	2	3	2	1
4	9	9	4	4	4	2
5	1	1	1	0	1	0
6	4	4	3	2	2	0
7	1	1	1	0	1	0
8	8	8	4	6	4	0
9	1	1	1	1	0	0
10	4	3	3	1	0	1
11	5	5	3	0	0	3
12	12	12	3	6	4	4
13	3	3	1	1	0	1
14	1	1	1	1	0	0
15	3	2	1	2	1	2
16	7	7	6	5	0	1
17	3	2	2	2	0	1
18	3	3	0	1	1	0
19	1	0	0	0	0	1
20	7	7	4	4	1	1
21	7	5	4	2	2	4
22	1	1	1	1	0	0

**Total      99 (100%)   93 (93.9%)   49 (49.5%)   47 (47.5%)      30 (30.3%)      26 (26.3%)**

† Other populations includes veterans with vocational deficits, Native Americans, Vietnam veterans and combat veterans.

Table 11. Mean Ratings of the Importance of Services Directly Provided by PRRTF Staff by VISN for FY01.

<b>Scale: 0-4</b>	Service not Provided 0	Service Somewhat Important 1	Service Moderately Important 2	Service Quite Important 3	Service of Primary Importance 4
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VISN	Number of Programs in VISN	Assessment and Diagnosis	Relapse Prevention	Crisis Inter- vention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Manage- ment	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/R ecreational Therapy	Self-help Groups	Discharge Planning
1	6	2.7	3.5	2.2	0.0	3.2	2.7	3.2	2.3	1.0	2.8	2.7	2.2	2.0	1.7	3.3	3.3
2	5	3.8	3.4	3.2	0.0	3.6	3.2	3.6	2.8	1.8	2.6	2.6	2.2	1.8	2.0	3.0	3.8
3	7	3.1	3.7	1.7	0.0	3.7	2.6	3.7	3.0	1.3	1.4	2.7	1.7	1.4	2.4	3.6	3.9
4	9	3.4	3.7	2.0	0.4	3.4	3.3	3.8	3.0	1.6	2.1	2.7	2.6	2.0	2.2	3.3	3.7
5	1	4.0	4.0	3.0	0.0	4.0	4.0	4.0	4.0	2.0	4.0	4.0	4.0	3.0	4.0	4.0	4.0
6	4	3.3	3.8	1.8	0.8	4.0	3.3	3.5	2.8	2.3	2.5	1.5	1.5	2.8	2.3	3.5	4.0
7	1	4.0	3.0	3.0	2.0	3.0	4.0	3.0	0.0	1.0	4.0	4.0	4.0	4.0	1.0	4.0	4.0
8	8	3.6	3.6	2.4	0.4	2.9	2.5	3.9	3.4	2.1	2.6	3.8	3.0	2.1	3.5	2.9	3.8
9	1	4.0	4.0	2.0	2.0	4.0	2.0	4.0	4.0	2.0	3.0	3.0	4.0	2.0	2.0	4.0	4.0
10	4	3.3	3.0	2.5	0.0	2.5	2.5	3.8	3.3	1.5	1.3	2.8	3.0	1.8	2.5	2.5	3.5
11	5	3.4	3.6	3.2	0.2	3.2	2.6	4.0	3.8	1.6	3.2	3.4	3.0	2.4	3.0	3.0	3.8
12	12	3.7	3.5	1.9	0.1	3.3	2.8	3.7	2.8	1.2	2.2	3.3	3.1	2.6	2.8	2.8	3.9
13	3	3.3	4.0	2.3	0.0	3.7	2.0	4.0	2.0	1.7	1.7	3.3	2.7	2.3	2.0	3.0	3.7
14	1	4.0	3.0	2.0	1.0	4.0	4.0	4.0	2.0	1.0	1.0	2.0	2.0	1.0	2.0	4.0	4.0
15	3	3.0	3.7	3.7	1.0	3.7	3.3	3.7	2.0	1.0	2.3	4.0	3.7	3.0	3.3	2.3	4.0
16	7	3.6	3.6	2.9	0.7	3.3	2.9	3.3	2.7	1.4	2.1	3.4	2.7	2.1	2.0	2.4	3.6
17	3	2.3	2.7	1.0	0.0	1.3	1.3	2.3	1.3	0.7	1.3	2.7	1.7	1.7	1.3	2.7	2.7
18	3	3.7	3.3	1.7	1.3	3.0	2.7	3.7	2.0	1.3	2.3	2.7	2.3	2.0	1.7	3.3	3.7
19	1	4.0	4.0	3.0	0.0	4.0	3.0	4.0	3.0	2.0	4.0	4.0	2.0	2.0	4.0	2.0	4.0
20	7	3.0	3.4	1.0	0.0	3.3	2.1	3.1	2.9	0.9	1.5	2.7	2.6	2.1	3.1	3.3	3.4
21	7	2.6	2.7	2.3	0.6	1.7	2.1	2.7	1.9	1.1	2.1	2.7	2.6	2.2	1.4	1.9	2.7
22	1	4.0	4.0	3.0	0.0	4.0	3.0	4.0	3.0	2.0	3.0	2.0	3.0	2.0	3.0	4.0	4.0
Program Avg		3.3	3.5	2.2	0.3	3.2	2.7	3.5	2.7	1.4	2.2	3.0	2.6	2.2	2.4	3.0	3.6
VISN Avg		3.4	3.5	2.3	0.5	3.3	2.8	3.6	2.6	1.5	2.4	3.0	2.7	2.2	2.4	3.1	3.7
VISN S.D.		0.49	0.40	0.69	0.62	0.70	0.67	0.45	0.90	0.45	0.86	0.68	0.73	0.60	0.82	0.65	0.38

**Table 12. Location of PR RTP Programs by VISN for FY01.**

<b>VISN</b>	<b># Programs in VISN</b>	<b>VA Hospital Ward</b>	<b>VA Owned Housinig in the Community</b>	<b>Building on VA Grounds</b>	<b>Leased Property in the Community</b>
1	6	1	4	1	0
2	5	2	1	2	0
3	7	5	1	1	0
4	9	7	2	0	0
5	1	1	0	0	0
6	4	3	1	0	0
7	1	0	1	0	0
8	8	7	0	0	1
9	1	1	0	0	0
10	4	2	1	1	0
11	5	2	1	1	1
12	12	7	1	4	0
13	3	2	1	0	0
14	1	1	0	0	0
15	4	1	1	1	0
16	7	4	2	1	0
17	3	1	1	1	0
18	3	0	0	1	2
19	1	0	0	1	0
20	7	4	2	1	0
21	7	1	2	3	1
22	1	0	0	0	1
<b>Total</b>	<b>99 (100%)</b>	<b>52 (52.5%)</b>	<b>22 (22.2%)</b>	<b>19 (19.2%)</b>	<b>6 (6.1%)</b>

**Table 13a. SARRTP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY01.†**

VISN	Site	Operational Beds FY01	Discharges During FY01†	Mean Length of Stay†	Total FTEE	FTEE to Operational Bed Ratio
<b>SARRTP</b>						
1	523 Boston, MA††	20	171	33.2	4.22	0.21
2	528A8 Albany, NY†	10	603	28.6	7.50	0.75
2	528 Buffalo, NY†	24	see above	see above	14.10	0.59
2	528A5 Canandaigua, NY†	30	see above	see above	21.62	0.72
3	561 East Orange, NJ	30	41	17.3	17.20	0.57
3	632 Northport, NY	30	114	101.0	3.70	0.12
3	632 Northport, NY	12	see above	see above	1.90	0.16
4	540 Clarksburg, WV	8	137	18.7	7.18	0.90
4	595 Lebanon, PA	26	299	19.4	16.75	0.64
4	693 Wilkes Barre, PA	10	158	17.0	3.67	0.37
5	512A5 Perry Point, MD	32	236	37.6	10.55	0.33
6	637 Asheville, NC	18	238	22.4	11.80	0.66
6	658 Salem, VA	16	225	23.0	11.60	0.73
6	659 Salisbury, NC	35	309	34.7	15.00	0.43
8	516 Bay Pines, FL	20	245	25.8	6.00	0.30
8	546 Miami, FL	24	160	41.9	4.25	0.18
8	573 Gainesville, FL	20	114	50.8	2.90	0.15
9	614 Memphis, TN	19	370	12.1	12.65	0.67
10	539 Cincinnati, OH	17	384	14.3	28.01	1.65
11	515 Battle Creek, MI	26	593	26.3	8.00	0.31
11	515 Battle Creek, MI	50	see above	see above	23.15	0.46
12	537 Chicago, IL	20	211	32.2	8.25	0.41
12	578 Hines, IL	25	373	35.4	9.00	0.36
12	578 Hines, IL	25	see above	see above	8.59	0.34
12	585 Iron Mountain, MI	12	112	50.5	3.48	0.29
12	607PA Madison, WI	14	37	122.8	0.75	0.05
12	676 Tomah, WI	22	193	31.7	10.54	0.48
13	568 Ft. Meade, ND	12	106	25.4	5.60	0.47
14	636A4 Grand Island, NE†	18	136	32.7	6.50	0.36
16	520A0 Biloxi, MS	35	31	15.7	18.00	0.51
16	586 Jackson, MS	15	192	22.1	10.58	0.71
17	549 Dallas, TX	32	614	20.1	6.01	0.19
18	501 Albuquerque, NM†††	10			7.00	0.70
18	678 Tucson, AZ	16	188	20.6	11.60	0.73
20	531 Boise, ID	15	154	18.1	6.90	0.46
20	653 Roseburg HCS	20	193	26.7	11.60	0.58
20	687 Walla Walla, WA	21	300	20.6	10.55	0.50
22	600 Long Beach, CA	45	89	15.1	17.30	0.38
<b>National SARRTP Total/Avg</b>		<b>834</b>	<b>7,326</b>	<b>25.6</b>	<b>384.00</b>	<b>0.44</b>
<b>SARRTP Site Average</b>		<b>21.9</b>	<b>198.0</b>	<b>27.4</b>	<b>10.11</b>	<b>0.48</b>
<b>SARRTP Site S.D.</b>		<b>9.4</b>	<b>160.8</b>	<b>24.0</b>	<b>6.08</b>	<b>0.28</b>

† Adjustments were made to the data in this table because some sites (VISN 2 and Grand Island) miscoded the type of PRRTTP discharges, thus total SARRTP discharges are not consistent with totals presented in Tables 1-5.

†† Brockton's discharges are included with Boston's.

††† All of Albuquerque's 153 discharges were coded incorrectly as general PRRTTP discharges.

**Table 13b. General PR RTP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY01.†**

VISN	Site	Operational Beds FY01	Discharges During FY01†	Mean Length of Stay†	Total FTEE	FTEE to Operational Bed Ratio
<b>PR RTP (general)</b>						
3	561A4 Lyons, NJ	34	70	85.3	10.80	0.32
4	595 Lebanon, PA	17	37	64.6	6.24	0.37
4	646A5 Pittsburgh, PA	24	37	129.4	14.90	0.62
8	546 Miami, FL	10	50	46.1	3.85	0.39
8	573A4 Lake City, FL	10	57	61.7	7.27	0.73
10	541 Cleveland, OH	26	183	42.5	15.30	0.59
11	583 Indianapolis, IN	20	40	91.6	9.00	0.45
12	578 Hines, IL	20	187	26.2	9.90	0.50
13	656 St. Cloud, MN	25	85	63.2	14.15	0.57
15	589A6 Leavenworth, KS	25	68	105.4	8.35	0.33
15	657A5 Marion, IL††	8			10.52	1.32
16	580 Houston, TX	12	22	27.9	11.80	0.98
16	586 Jackson, MS	12	7	14.9	9.90	0.83
18	501 Albuquerque, NM†	12	153	47.8	6.95	0.58
19	666 Sheridan, WY	27	166	40.6	12.45	0.46
20	463 Anchorage, AK	24	4	64.8	2.25	0.09
20	663A4 American Lake, WA	6	9	26.2	0.90	0.15
20	687 Walla Walla, WA	6	27	24.3	4.05	0.68
21	640 Palo Alto, CA	24	260	22.9	4.20	0.18
21	640 Palo Alto, CA	2	see above	see above	1.00	0.50
<b>Nat'l General PR RTP Total/Avg</b>		<b>344</b>	<b>1,462</b>	<b>44.8</b>	<b>163.78</b>	<b>0.48</b>
<b>General PR RTP Site Average</b>		<b>17.2</b>	<b>76.9</b>	<b>51.9</b>	<b>8.19</b>	<b>0.53</b>
<b>General PR RTP Site S.D.</b>		<b>8.6</b>	<b>73.5</b>	<b>32.4</b>	<b>4.35</b>	<b>0.28</b>

† Adjustments were made to the data in this table because some sites (VISN 2, Grand Island and Albuquerque) miscoded the type of PR RTP discharges. Thus, total general PR RTP discharges are not consistent with totals presented in Tables 1-5.

†† No discharges were recorded in the PTF for Marion's general PR RTP program.

**Table 13c. PRRP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY01.**

VISN	Site	Operational Beds FY01	Discharges During FY01	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio
<b>PRRP</b>						
1 689	West Haven, CT	12	46	84.8	4.7	0.39
2 528A4	Batavia, NY	16	224	15.3	13.5	0.84
3 561	East Orange, NJ	25	40	29.2	14.9	0.60
3 620	Montrose, NY	21	1	48.0	12.5	0.60
4 540	Clarksburg, WV	10	9	54.7	7.9	0.79
4 542	Coatesville, PA†	34			17.1	0.50
8 516	Bay Pines, FL	14	69	41.5	15.1	1.08
8 546	Miami, FL	16	69	58.2	6.8	0.43
10 539	Cincinnati, OH	12	361	23.7	5.5	0.46
11 515	Battle Creek, MI	30	252	33.6	13.9	0.46
12 556	North Chicago, IL	26	63	52.9	15.5	0.60
12 676	Tomah, WI	13	79	26.7	8.2	0.63
16 629	New Orleans, LA	10	73	32.5	4.4	0.44
17 674A4	Waco, TX	20	45	37.7	15.2	0.76
21 459	Honolulu, HI ††	16	57	59.4	14.5	0.91
21 640	Palo Alto, CA	10	204	61.0	8.6	0.86
21 640	Palo Alto, CA	40	see above	see above	23.4	0.59
<b>National PRRP Total/Avg</b>		<b>325</b>	<b>1,592</b>	<b>44.8</b>	<b>201.6</b>	<b>0.62</b>
<b>PRRP Site Average</b>		<b>19.1</b>	<b>99.5</b>	<b>41.2</b>	<b>11.9</b>	<b>0.64</b>
<b>PRRP Site S.D.</b>		<b>8.8</b>	<b>100.4</b>	<b>20.1</b>	<b>5.04</b>	<b>0.19</b>

† No discharges were recorded in the PTF for Coatesville's PRRP program.

†† The PRRP program for Honolulu is located in Hilo. Since there is no VA hospital on the island, the program is staffed at night and on weekends with two full-time staff members resulting in a higher than expected staff to patient ratio.

**Table 13d. SA CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY01.**

<b>VISN</b>	<b>Site</b>	<b>Operational Beds FY01</b>	<b>Discharges During FY01</b>	<b>Mean Length of Stay</b>	<b>Total FTEE</b>	<b>FTEE to Operational Bed Ratio</b>
<b>SA CWT/TR</b>						
1	523 Boston, MA	20	24	213.8	3.5	0.18
1	631 Northampton, MA	16	33	142.5	1.5	0.09
4	656A5 Pittsburgh, PA	12	24	180.5	2.1	0.17
6	590 Hampton, VA	21	38	119.8	3.3	0.16
8	573 Gainesville, FL	8	9	63.6	1.0	0.13
10	541 Cleveland, OH	25	58	119.6	3.0	0.12
11	515 Battle Creek, MI	9	19	172.2	1.9	0.21
12	556 North Chicago, IL	22	34	169.3	4.1	0.18
13	568 Fort Meade, ND	8	16	190.4	0.9	0.11
15	589 Kansas City, MO	30	43	191.1	2.7	0.09
16	598 Little Rock, AR	25	50	140.8	3.4	0.14
20	663A4 American Lake, WA	24	38	182.5	4.3	0.18
21	640PA Palo Alto, CA	10	16	172.6	1.8	0.18
<b>National SA CWT/TR Total/Avg</b>		<b>230</b>	<b>402</b>	<b>36.6</b>	<b>33.17</b>	<b>0.14</b>
<b>SA CWT/TR Site Average</b>		<b>17.7</b>	<b>30.9</b>	<b>158.4</b>	<b>2.55</b>	<b>0.15</b>
<b>SA CWT/TR Site S.D.</b>		<b>7.3</b>	<b>13.9</b>	<b>38.5</b>	<b>1.09</b>	<b>0.04</b>

**Table 13e. HCMC CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY01.**

VISN	Site	Operational Beds FY01	Discharges During FY01	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio
<b>HCMC CWT/TR</b>						
1	518 Bedford, MA	42	104	135.3	4.25	0.10
2	500 Albany, NY	11	24	120.8	1.92	0.17
3	561A4 Lyons, NJ†	12	3	293.0	1.08	0.09
4	595 Lebanon, PA	20	47	181.0	0.80	0.04
7	508 Atlanta, GA	12	15	119.2	1.93	0.16
12	695 Milwaukee, WI	10	1	19.0	1.80	0.18
16	635 Oklahoma City, OK	20	44	92.7	2.70	0.14
17	549 Dallas, TX	20	43	148.1	2.98	0.15
21	662 San Francisco, CA	11	11	145.8	1.25	0.11
<b>National HCMC CWT/TR Total/Avg</b>		<b>158</b>	<b>292</b>	<b>137.7</b>	<b>18.71</b>	<b>0.12</b>
<b>HCMC CWT/TR Site Average</b>		<b>17.6</b>	<b>32.4</b>	<b>139.4</b>	<b>2.08</b>	<b>0.13</b>
<b>HCMC CWT/TR Site S.D.</b>		<b>9.5</b>	<b>30.3</b>	<b>69.0</b>	<b>1.02</b>	<b>0.05</b>

†Discharges for the Lyons HCMC CWT/TR program were underreported and were miscoded as discharges in other PRRTTP categories.

**Table 13f. PTSD and General CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY01.**

VISN	Site	Operational Beds FY01	Discharges During FY01	Mean Length of Stay	Total FTEE	FTEE to Operational Bed Ratio
<b>PTSD CWT/TR</b>						
1	523 Boston, MA	7	8	97.1	1.5	0.21
<b>General CWT/TR</b>						
7	676 Tomah, WI	10	28	150.6	1.5	0.15



Table 14a. SARRTP Operational Beds, Total FTEE and FTEE by Discipline for FY01.

VISN	Site	Operational Beds	Total FTEE	FTEE by Discipline													
				Physician/ Psychiatrist	Psychologist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreational Therapist	Vocational Rehab Specialist	Secretary, Administrative Assistant	Other
SARRTP																	
1	523 Boston, MA	20	4.22	0.20	1.45	0.00	0.00	0.00	0.00	0.37	2.20	0.00	0.00	0.00	0.00	0.00	0.00
2	500 Albany, NY	10	7.50	0.20	0.40	0.00	2.20	0.00	3.50	0.00	0.00	0.50	0.00	0.20	0.00	0.50	0.00
2	528 Buffalo, NY	24	14.10	0.50	1.00	0.00	0.00	3.60	2.00	1.00	1.00	1.00	0.00	0.00	1.00	1.00	2.00
2	528A5 Canandaigua, NY	30	21.62	0.12	0.00	0.00	0.50	8.00	0.00	0.00	0.00	1.00	0.00	0.50	0.00	0.50	11.00
3	561 East Orange, NJ	30	17.20	0.20	0.50	0.80	3.00	6.00	3.00	2.00	0.00	0.50	0.00	0.20	0.00	1.00	0.00
3	632 Northport, NY	30	3.70	0.10	0.50	0.00	0.00	0.00	0.00	0.50	0.00	1.00	0.00	0.00	0.60	0.00	1.00
3	632 Northport, NY	12	1.90	0.23	0.25	0.00	0.50	0.25	0.00	0.13	0.00	0.00	0.00	0.04	0.00	0.50	0.00
4	540 Clarksburg, WV	8	7.18	0.40	0.00	0.90	1.00	2.00	1.00	1.00	0.00	0.00	0.00	0.13	0.00	0.50	0.25
4	595 Lebanon, PA	26	16.75	0.25	1.00	1.00	1.00	0.00	0.00	2.00	10.00	0.25	0.00	0.00	0.00	1.00	0.25
4	693 Wilkes Barre, PA	10	3.67	0.02	0.25	0.25	0.10	0.50	0.00	0.10	1.00	0.10	0.00	0.50	0.20	0.05	0.60
5	512A5 Perry Point, MD	32	10.55	0.25	0.20	1.00	0.00	0.00	2.00	0.00	5.00	1.00	0.00	0.00	0.10	0.00	1.00
6	637 Asheville, NC	18	11.80	0.20	0.50	1.00	1.50	1.00	2.60	0.30	2.00	0.20	0.00	1.00	1.00	0.30	0.20
6	658 Salem, VA	16	11.60	0.80	0.10	0.20	0.00	0.00	0.00	3.00	4.00	0.00	1.00	0.50	0.20	1.00	0.80
6	659 Salisbury, NC	35	15.00	0.50	1.00	0.50	1.00	3.00	6.00	0.00	0.00	1.00	0.00	0.50	0.50	1.00	0.00
8	516 Bay Pines, FL	20	6.00	0.25	0.00	0.40	1.50	1.30	0.00	0.00	0.00	0.30	0.60	0.40	0.00	1.25	0.00
8	546 Miami, FL	24	4.25	1.00	1.00	0.00	1.00	0.00	0.00	0.50	0.00	0.00	0.00	0.50	0.00	0.00	0.25
8	573 Gainesville, FL	20	2.90	0.00	0.00	0.00	0.20	2.00	0.00	0.00	0.00	0.00	0.00	0.20	0.00	0.00	0.50
9	614 Memphis, TN	19	12.65	0.90	0.00	1.00	2.00	0.50	4.00	0.75	0.00	0.00	0.00	1.00	0.50	1.00	1.00
10	539 Cincinnati, OH	17	28.01	10.01	0.50	0.00	3.00	0.50	7.00	2.00	1.50	0.50	0.00	1.00	0.00	1.00	1.00
11	515 Battle Creek, MI	26	8.00	0.00	0.00	0.00	0.25	3.25	0.00	1.50	0.25	0.50	0.00	0.25	1.00	1.00	0.00
11	515 Battle Creek, MI	50	23.15	0.20	3.00	1.00	6.00	5.00	2.00	2.00	0.00	1.00	0.00	0.85	0.10	2.00	0.00
12	537 Chicago, IL	20	8.25	1.00	0.00	0.00	0.10	4.00	0.00	0.50	0.00	1.00	0.00	0.50	0.25	0.90	0.00
12	578 Hines, IL	25	9.00	0.50	0.25	0.00	0.80	4.00	0.50	1.50	0.00	0.20	0.00	0.25	0.25	0.75	0.00
12	578 Hines, IL	25	8.59	0.20	0.00	0.20	0.75	2.26	0.75	1.75	0.00	0.20	0.88	0.30	0.30	1.00	0.00
12	585 Iron Mt., MI	12	3.48	0.00	0.18	0.00	0.18	0.00	0.69	0.93	0.00	0.00	0.00	0.00	0.00	0.50	1.00
12	607PA Madison, WI	14	0.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.25	0.00	0.00	0.00	0.00	0.00
12	676 Tomah, WI	22	10.54	0.12	0.31	0.25	1.50	0.63	1.90	0.90	0.00	0.50	0.00	0.05	0.00	1.50	2.88
13	568 Ft. Meade, ND	12	5.60	0.20	0.40	1.00	1.00	0.00	2.00	0.20	0.00	0.30	0.00	0.20	0.00	0.30	0.00
14	636A4 Grand Island, NE	18	6.50	0.00	0.20	0.00	0.80	0.00	2.00	0.00	1.00	0.25	0.00	0.25	1.00	1.00	0.00
16	520A0 Biloxi, MS†	35	18.00	1.00	1.00	1.00	4.00	4.00	3.00	1.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00
16	586 Jackson, MS	15	10.58	0.43	0.50	0.00	1.70	2.50	3.70	0.00	0.50	0.75	0.00	0.00	0.00	0.10	0.40
17	549 Dallas, TX	32	6.01	0.00	0.00	0.00	2.00	3.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	1.00	0.00
18	501 Albuquerque, NM	10	7.00	0.00	0.00	0.00	0.00	0.00	2.00	1.00	2.00	1.00	0.00	0.00	0.00	1.00	0.00
18	678 Tucson, AZ	16	11.60	1.00	0.00	0.00	2.00	0.50	6.00	0.50	0.00	0.50	0.00	0.10	0.00	1.00	0.00
20	531 Boise, ID	15	6.90	0.10	0.50	0.00	1.50	0.00	1.00	1.80	0.50	1.00	0.00	0.50	0.00	0.00	0.00
20	653 Roseburg HCS	20	11.60	0.25	0.10	0.00	2.00	3.00	1.00	0.00	3.00	0.50	0.00	0.25	0.50	1.00	0.00
20	687 Walla Walla, WA	21	10.55	0.10	0.00	0.60	5.00	0.20	3.00	0.00	0.00	0.50	0.00	0.40	0.00	0.25	0.50
22	600 Long Beach, CA	45	17.30	1.00	0.80	0.00	1.50	3.00	2.00	1.00	4.00	0.00	0.00	1.00	0.50	1.50	1.00
National SARRTP Total		834	384.00	22.23	15.89	11.10	49.58	63.99	62.64	28.23	38.45	16.81	2.48	12.57	8.00	26.40	25.63
SARRTP Average		21.9	10.11	0.59	0.42	0.29	1.30	1.68	1.65	0.74	1.01	0.44	0.07	0.33	0.21	0.69	0.67
SARRTP SD		9.4	6.08	1.58	0.57	0.40	1.38	1.98	1.84	0.78	1.96	0.38	0.23	0.33	0.32	0.50	1.81

† The SARRTP program at Biloxi closed during FY01. Data shown represents program activity during the operational portion of the year.

**Table 14b. General PR RTP Operational Beds, Total FTEE and FTEE by Discipline for FY01.**

VISN	Site	Number of Operational Beds FY01	Total FTEE	FTEE by Discipline													
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other
PR RTP (general)																	
3	561A4 Lyons, NJ	34	10.80	0.60	0.20	0.00	7.50	0.00	0.00	1.00	0.00	0.00	0.00	0.50	0.00	1.00	0.00
4	595 Lebanon, PA	17	6.24	0.03	0.00	0.15	0.00	0.00	0.03	0.25	1.00	0.25	0.00	2.00	1.50	0.03	1.00
4	646A5 Pittsburgh, PA	24	14.90	0.50	0.25	0.00	2.50	4.00	0.25	0.05	6.00	0.05	0.00	0.05	0.25	1.00	0.00
8	546 Miami, FL	10	3.85	1.00	0.50	0.00	1.00	0.00	0.00	0.25	0.25	0.00	0.00	0.25	0.10	0.00	0.50
8	573A4 Lake City, FL	10	7.27	0.25	0.25	0.00	1.00	0.00	0.00	0.50	4.00	0.25	0.00	0.42	0.20	0.10	0.30
10	541 Cleveland, OH	26	15.30	0.25	0.25	0.50	6.00	6.00	0.00	0.60	0.00	0.25	0.00	0.10	0.00	1.35	0.00
11	583 Indianapolis, IN	20	9.00	0.25	0.00	0.00	1.00	7.00	0.25	0.25	0.00	0.25	0.00	0.00	0.00	0.00	0.00
12	578 Hines, IL	20	9.90	0.20	0.00	0.00	2.00	5.66	0.00	1.29	0.00	0.00	0.00	0.00	0.00	0.75	0.00
13	656 St. Cloud, MN	25	14.15	0.15	0.95	0.00	4.50	5.00	0.00	0.90	0.00	0.75	0.00	0.75	0.15	1.00	0.00
15	589A6 Leavenworth, KS	25	8.35	0.10	0.25	0.10	1.00	5.40	0.00	0.25	0.25	0.05	0.00	0.40	0.10	0.20	0.25
15	657A5 Marion, IL	8	10.52	1.00	0.07	0.20	3.00	4.00	0.50	0.50	0.00	0.25	0.00	0.50	0.00	0.50	0.00
16	580 Houston, TX†	12	11.80	1.00	0.50	0.50	2.00	5.50	0.00	0.50	0.50	0.30	0.00	0.50	0.00	0.50	0.00
16	586 Jackson, MS	12	9.90	1.00	0.90	0.20	2.00	0.00	0.00	2.00	1.00	1.00	0.00	0.40	0.40	1.00	0.00
18	501 Albuquerque, NM	12	6.95	0.20	0.10	0.00	1.00	0.00	0.00	1.00	4.00	0.15	0.00	0.00	0.50	0.00	0.00
19	666 Sheridan, WY	27	12.45	0.40	1.50	0.20	0.50	0.00	2.00	3.00	2.00	0.50	0.00	0.50	0.00	0.75	1.10
20	463 Anchorage, AK	24	2.25	0.00	0.00	0.00	1.00	0.00	1.00	0.00	0.00	0.25	0.00	0.00	0.00	0.00	0.00
20	663A4 Am. Lake, WA	6	0.90	0.05	0.02	0.07	0.25	0.25	0.05	0.07	0.02	0.02	0.00	0.09	0.00	0.01	0.00
20	687 Walla Walla, WA	6	4.05	0.10	0.00	0.00	0.00	1.60	0.60	0.10	0.00	0.25	0.00	0.20	0.00	0.20	1.00
21	640 Palo Alto, CA†	24	4.20	0.20	0.00	0.00	1.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	640 Palo Alto, CA	2	1.00	0.25	0.00	0.00	0.25	0.25	0.00	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nat'l Gen PR RTP Total		344	163.78	7.53	5.74	1.92	37.50	47.66	4.68	12.76	19.02	4.57	0.00	6.66	3.20	8.39	4.15
General PR RTP Average		17.2	8.19	0.38	0.29	0.10	1.88	2.38	0.23	0.64	0.95	0.23	n.a.	0.33	0.16	0.42	0.21
General PR RTP SD		8.6	4.35	0.34	0.39	0.15	1.96	2.56	0.48	0.73	1.68	0.26	n.a.	0.45	0.34	0.45	0.37

† General PR RTP programs at Houston and Palo Alto closed during FY01. Data shown represents program activity during the operational portion of the year for these sites.

Table 14c. PRRP Operational Beds, Total FTEE and FTEE by Discipline for FY01

			Number of Operational Beds FY01	Total FTEE	FTEE by Discipline													
					Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker and/or Aides	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other
VISN	Site																	
PRRP																		
1	689	West Haven, CT	12	4.73	0.48	0.00	0.00	0.15	0.00	0.00	1.90	2.05	0.00	0.00	0.00	0.00	0.15	
2	528A4	Batavia, NY	16	13.50	0.40	1.00	0.00	1.50	5.20	1.00	2.00	0.00	1.00	0.00	0.00	1.00	0.40	
3	561	East Orange, NJ	25	14.90	0.50	1.50	0.00	2.00	0.00	1.00	2.00	5.00	0.30	0.00	1.00	1.00	0.60	
3	620	Montrose, NY	21	12.50	0.50	0.00	0.00	1.00	1.00	0.00	3.00	5.00	0.00	0.00	1.00	1.00	0.00	
4	540	Clarksburg, WV	10	7.92	0.50	0.50	0.07	1.90	1.75	0.00	0.50	0.00	0.25	0.95	0.25	0.00	0.75	
4	542	Coatesville, PA	34	17.05	0.10	3.00	0.00	5.00	0.00	0.00	0.70	6.00	1.00	0.00	0.25	0.00	0.00	
8	516	Bay Pines, FL	14	15.10	2.00	1.00	0.10	6.00	0.00	0.00	1.00	0.00	1.00	1.00	0.50	0.00	2.50	
8	546	Miami, FL	16	6.80	0.88	0.88	0.00	2.02	0.00	0.00	0.88	0.75	0.13	0.00	0.13	0.00	0.88	
10	539	Cincinnati, OH	12	5.50	0.50	0.75	0.00	0.75	1.00	0.00	0.75	0.00	0.00	0.00	0.75	0.00	0.00	
11	515	Battle Creek, MI	30	13.90	0.50	1.50	1.00	4.00	5.00	0.00	0.75	0.00	0.00	0.60	0.25	0.00	0.10	
12	556	North Chicago, IL	26	15.50	0.80	2.70	0.00	1.50	0.00	0.00	1.00	7.50	0.50	0.00	0.25	0.00	0.25	
12	676	Tomah, WI	13	8.17	0.11	0.16	0.16	0.31	2.50	0.00	0.85	0.90	0.31	0.00	0.05	0.00	2.36	
16	629	New Orleans, LA	10	4.38	0.25	0.50	0.13	1.00	0.00	1.00	0.68	0.00	0.50	0.00	0.12	0.00	0.00	
17	674A4	Waco, TX	20	15.20	0.90	0.40	0.00	2.00	0.00	2.80	1.00	6.50	0.40	0.20	0.00	0.00	0.00	
21	459	Honolulu, HI †	16	14.50	1.00	0.00	0.00	1.00	5.50	0.00	2.00	3.00	0.00	0.00	0.00	0.00	0.00	
21	640	Palo Alto, CA	10	8.55	0.50	0.00	0.00	1.50	3.00	0.00	1.85	0.00	1.50	0.00	0.05	0.00	0.00	
21	640	Palo Alto, CA	40	23.40	0.50	1.00	0.00	9.50	8.00	0.00	1.75	0.85	0.00	0.00	0.95	0.00	0.00	
National PRRP Total			325	201.60	10.42	14.89	1.46	41.13	32.95	5.80	22.61	37.55	6.89	2.75	4.55	1.00	14.89	
PRRP Average			19.1	11.86	0.61	0.88	0.09	2.42	1.94	0.34	1.33	2.21	0.41	0.16	0.27	0.06	0.88	
PRRP SD			8.8	5.04	0.42	0.87	0.23	2.35	2.46	0.72	0.68	2.62	0.45	0.33	0.32	0.24	0.62	

† The PRRP program at East Orange closed during FY01. Data shown represents program activity during the operational portion of the year

**Table 14d. SA CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY01.**

VISN	Site	Number of Operational Beds FY01	Total FTEE	FTEE by Discipline													
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other
SA CWT/TR																	
1	523 Boston, MA	20	3.50	0.00	0.60	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.50	0.00	0.40
1	631 Northampton, MA	16	1.48	0.04	0.00	0.25	0.00	0.00	0.01	0.00	0.00	1.00	0.00	0.00	0.00	0.08	0.10
4	656A5 Pittsburgh, PA	12	2.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.40	0.00	0.00	0.40	0.25	0.00
6	590 Hampton, VA	21	3.30	0.10	0.00	0.00	0.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00	0.20	0.00	0.00
8	573 Gainesville, FL	8	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	541 Cleveland, OH	25	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	1.00	0.00	0.00	0.00	0.00
11	515 Battle Creek, MI	9	1.85	0.00	0.00	0.00	0.20	0.00	0.00	0.50	0.50	0.25	0.00	0.00	0.20	0.20	0.00
12	556 North Chicago, IL	22	4.05	0.05	0.10	0.00	0.00	0.00	1.00	0.00	0.00	0.90	0.00	0.00	0.00	1.00	1.00
13	568 Fort Meade, ND	8	0.85	0.00	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.15	0.00	0.00	0.30	0.00	0.15
15	589 Kansas City, MO	30	2.65	0.00	0.00	0.15	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.50	0.00	0.00
16	598 Little Rock, AK	25	3.44	0.00	0.00	0.00	0.40	0.00	1.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	0.04
20	663A4 Am. Lake, WA	24	4.25	0.00	0.00	0.00	0.25	0.00	0.00	0.00	0.00	1.00	2.00	0.00	1.00	0.00	0.00
21	640PA Palo Alto, CA	10	1.75	0.00	0.75	0.00	0.00	0.00	0.00	0.00	0.25	0.50	0.00	0.00	0.25	0.00	0.00
National SA CWT/TR Total		230	33.17	0.19	1.70	0.40	0.85	0.00	4.01	1.50	6.75	5.20	4.00	0.00	5.35	1.53	1.69
SA CWT/TR Average		17.7	2.55	0.01	0.13	0.03	0.07	n.a.	0.31	0.12	0.52	0.40	0.31	n.a.	0.41	0.12	0.13
SA CWT/TR SD		7.3	1.09	0.03	0.24	0.07	0.13	n.a.	0.46	0.29	0.72	0.41	0.61	n.a.	0.45	0.27	0.27

Table 14e. HCMC CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY01.

VISN			Site	Number of Operational Beds FY01	Total FTEE	FTEE by Discipline												
						Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant
HCMC CWT/TR																		
1	518	Bedford, MA	42	4.25	0.05	0.05	0.00	0.05	0.00	0.05	0.00	0.00	0.80	0.00	0.00	3.20	0.05	0.00
2	500	Albany, NY	11	1.92	0.03	0.00	0.00	0.02	0.00	0.00	0.80	0.00	0.50	0.00	0.00	0.50	0.05	0.02
3	561A4	Lyons, NJ	12	1.08	0.00	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
4	595	Lebanon, PA	20	4.24	0.03	0.00	0.15	0.00	0.00	0.03	0.25	1.00	0.25	0.00	0.00	1.50	0.03	1.00
7	508	Atlanta, GA	12	1.93	0.07	0.07	0.00	0.07	0.00	0.00	1.15	0.00	0.50	0.00	0.00	0.07	0.00	0.00
12	695	Milwaukee, WI	10	1.80	0.00	0.10	0.00	0.00	0.00	0.05	0.00	0.00	0.10	0.00	0.05	1.00	0.50	0.00
16	635	Oklahoma City, OK	20	2.70	0.05	0.00	0.00	0.00	0.00	0.00	0.05	0.00	0.75	1.00	0.00	0.50	0.35	0.00
17	549	Dallas, TX	20	2.98	0.05	0.00	0.00	0.00	0.00	0.00	1.00	1.00	0.25	0.00	0.00	0.25	0.10	0.33
21	662	San Francisco, CA	11	1.25	0.05	0.00	0.00	0.00	0.00	0.00	0.75	0.00	0.25	0.00	0.00	0.05	0.15	0.00
National HCMC CWT/TR Total			158	22.15	0.33	0.22	0.15	0.22	0.00	0.13	4.00	2.00	3.40	1.00	0.05	7.07	1.23	2.35
HCMC CWT/TR Average			18	2.46	0.04	0.02	0.02	0.02	n.a.	0.01	0.44	0.22	0.38	0.11	0.01	0.79	0.14	0.26
HCMC CWT/TR SD			9.5	1.11	0.02	0.04	0.05	0.03	n.a.	0.02	0.45	0.42	0.26	0.31	0.02	0.97	0.16	0.41

Table 14f. PTSD and General CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY01.

VISN	Site	Number of Operational Beds FY01	Total FTEE	FTEE by Discipline												
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant
PTSD CWT/TR																
1	523 Boston, MA	7	1.50	0.00	0.50	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00
General CWT/TR																
12	676 Tomah, WI	10	1.50	0.00	0.00	0.10	0.10	0.00	0.00	0.50	0.00	0.50	0.00	0.00	0.20	0.00
National PTSD CWT/TR Total																
National General CWT/TR Total																

**Table 15a. Top Three Most Frequently Seen Diagnostic Groups in SAR RTP's for FY01.†**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>SAR RTP</b>								
1	523 Boston, MA	1		2		3		
2	500 Albany, NY	1		2		3		
2	528 Buffalo, NY	1		3		2		
2	528A5 Canandaigua, NY	2		1	3			
3	561 East Orange, NJ	1		3			2	
3	632 Northport, NY	1		2			3	
3	632 Northport, NY	2				1	3	
4	540 Clarksburg, WV	1		3			2	
4	595 Lebanon, PA	1		2		3		
4	693 Wilkes Barre, PA	1		3			2	
5	512A5 Perry Point, MD							
6	637 Asheville, NC	1		2			3	
6	658 Salem, VA	1			2		3	
6	659 Salisbury, NC	1		2			3	
8	516 Bay Pines, FL	1		2		3		
8	546 Miami, FL	2		1	3			
8	573 Gainesville, FL	1				3		2
9	614 Memphis, TN	1		2		3		
10	539 Cincinnati, OH	1		2			3	
11	515 Battle Creek, MI	1		2		3		
11	515 Battle Creek, MI	1		3		2		
12	537 Chicago, IL	1		2			3	
12	578 Hines, IL	1		2			3	
12	578 Hines, IL		3	1		2		
12	585 Iron Mountain, MI	1		2		3		
12	607PA Madison, WI	1		2			3	
12	676 Tomah, WI	1		2		3		
13	568 Ft. Meade, ND	2	3	1				
14	636A4 Grand Island, NE	1		2		3		
16	520AC Biloxi, MS	1		2			3	
16	586 Jackson, MS	1		2			3	
17	549 Dallas, TX	1		2		3		
18	501 Albuquerque, NM	1		2				
18	678 Tucson, AZ	1		2		3		
20	531 Boise, ID	1		2			3	
20	653 Roseburg HCS	1				3		2
20	687 Walla Walla, WA	1		2		3		
22	600 Long Beach, CA	1		2		3		

† A "1" designates the group receiving the most emphasis.

**Table 15b. Top Three Most Frequently Seen Diagnostic Groups in General PRRTTP's for FY01.†**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>General PRRTTP</b>								
3	561A4 Lyons, NJ		1	2	3			
4	595 Lebanon, PA	1		2		3		
4	646A5 Pittsburgh, PA		1	2	3			
8	546 Miami, FL		1	3	2			
8	573A4 Lake City, FL	2		1			3	
10	541 Cleveland, OH		1	3	2			
11	583 Indianapolis, IN		1	2	3			
12	578 Hines, IL		1	3	2			
13	656 St. Cloud, MN		3	1		2		
15	589A6 Leavenworth, KS	3	1	2				
15	657A5 Marion, IL	3	1	2				
16	580 Houston, TX	3	2	1				
16	586 Jackson, MS	3	1	2				
18	501 Albuquerque, NM			2		1		3
19	666 Sheridan, WY	3		2	1			
20	463 Anchorage, AK	1	1			1		
20	663A4 American Lake, WA	1			2	3		
20	687 Walla Walla, WA		1	2				
21	640 Palo Alto, CA		1	2	3			
21	640 Palo Alto, CA			1	2	3		

† A "1" designates the group receiving the most emphasis.

**Table 15c. Top Three Most Frequently Seen Diagnostic Groups in PRRP's for FY01.†**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>PRRP</b>								
1 689	West Haven, CT	3		2		1		
2 528A4	Batavia, NY	3		2		1		
3 561	East Orange, NJ	2		3		1		
3 620	Montrose, NY	2				1	3	
4 540	Clarksburg, WV				3	1	2	
4 542	Coatesville, PA	2				1	3	
8 516	Bay Pines, FL	3		2		1		
8 546	Miami, FL	2				1	3	
10 539	Cincinnati, OH			2		1	3	
11 515	Battle Creek, MI	2		3		1		
12 556	North Chicago, IL			2		1	3	
12 676	Tomah, WI	2		3		1		
16 629	New Orleans, LA	2	3			1		
17 674A4	Waco, TX	2				1	3	
21 459	Honolulu, HI †	2		3		1		
21 640	Palo Alto, CA				3	1		2
21 640	Palo Alto, CA	3		2		1		

† A "1" designates the group receiving the most emphasis.



**Table 15d. Top Three Most Frequently Seen Diagnostic Groups in SA CWT/TR's for FY01.†**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>SA CWT/TR</b>								
1 523	<b>Boston, MA</b>	1		2		3		
1 631	<b>Northampton, MA</b>	2		1		3		
4 656A5	<b>Pittsburgh, PA</b>	1		2		3		
6 590	<b>Hampton, VA</b>	1		2		3		
8 573	<b>Gainsville, FL</b>	1		2				
10 541	<b>Cleveland, OH</b>	1		2	3			
11 515	<b>Battle Creek, MI</b>	1		3		2		
12 556	<b>North Chicago, IL</b>	1						
13 568	<b>Fort Meade, ND</b>	2		1		3		
15 589	<b>Kansas City, MO</b>	1	2				3	
16 598	<b>Little Rock, AK</b>	1		2	3			
20 663A4	<b>American Lake, WA</b>	1		2		7	3	
21 640PA	<b>Palo Alto, CA</b>	1		3	2			

† A "1" designates the group receiving the most emphasis.

**Table 15e. Top Three Most Frequently Seen Diagnostic Groups in HCMC CWT/TRs for FY01.†**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>HCMC CWT/TR</b>								
1	518 Bedford, MA	2	3	1				
2	500 Albany, NY	1		2			3	
3	561A4 Lyons, NJ	1			2		3	
4	595 Lebanon, PA	1		2		3		
7	508 Atlanta, GA	1		2		3		
12	695 Milwaukee, WI	1		2		3		
16	635 Oklahoma City, OK	1		2	3			
17	549 Dallas, TX	1	3	2				
21	662 San Francisco, CA	2	3	1				

† A "1" designates the group receiving the most emphasis.

**Table 15f. Top Three Most Frequently Seen Diagnostic Groups in PTSD an General CWT/TRs for FY01.†**

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
<b>PTSD CWT/TR</b>								
1	523 Boston, MA	1			3	2		
<b>General CWT/TR</b>								
12	676 Tomah, WI	1	3	2				

† A "1" designates the group receiving the most emphasis.

**Table 16a. Top Three Most Frequently Seen Special Patient Populations in SARRTP's for FY01.†**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>SARRTP</b>						
1 523	<b>Boston, MA</b>	1			2	
2 500	<b>Albany, NY</b>	1		3	2	
2 528	<b>Buffalo, NY</b>	1	2	3		
2 528A5	<b>Canandaigua, NY</b>	2		3		1
3 561	<b>East Orange, NJ</b>	1				
3 632	<b>Northport, NY</b>	1	2			
3 632	<b>Northport, NY</b>	2				1
4 540	<b>Clarksburg, WV</b>	1	3	2		
4 595	<b>Lebanon, PA</b>	1	3		2	
4 693	<b>Wilkes Barre, PA</b>	1		2	3	
5 512A5	<b>Perry Point, MD</b>	1	3		2	
6 637	<b>Asheville, NC</b>	1		2	3	
6 658	<b>Salem, VA</b>	1	3	2		
6 659	<b>Salisbury, NC</b>	1	3		2	
8 516	<b>Bay Pines, FL</b>	1		2		
8 546	<b>Miami, FL</b>	1	3	2		
8 573	<b>Gainesville, FL</b>	1			2	
9 614	<b>Memphis, TN</b>	1	2	3		
10 539	<b>Cincinnati, OH</b>	1	2			
11 515	<b>Battle Creek, MI</b>	1	3			2
11 515	<b>Battle Creek, MI</b>	1	3			2
12 537	<b>Chicago, IL</b>	1		3	2	
12 578	<b>Hines, IL</b>	1		2	3	
12 578	<b>Hines, IL</b>	1		2	3	
12 585	<b>Iron Mountain, MI</b>	1		2		
12 607PA	<b>Madison, WI</b>	1		3	2	
12 676	<b>Tomah, WI</b>	1	3			2
13 568	<b>Ft. Meade, ND</b>	1	3	2		
14 636A4	<b>Grand Island, NE</b>	2	3	1		
16 520A0	<b>Biloxi, MS</b>	2	3			1
16 586	<b>Jackson, MS</b>	1	3	2		
17 549	<b>Dallas, TX</b>	1	2	3		
18 501	<b>Albuquerque, NM</b>	1				
18 678	<b>Tucson, AZ</b>	1		2	3	
20 531	<b>Boise, ID</b>	1		2		
20 653	<b>Roseburg HCS</b>	1	2			
20 687	<b>Walla Walla, WA</b>	1		3		2
22 600	<b>Long Beach, CA</b>	1	3	2		

† A "1" designates the group receiving the most emphasis.

**Table 16b. Top Three Most Frequently Seen Special Patient Populations in General PR RTP's for FY01.†**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>General PR RTP</b>						
3 561A4	Lyons, NJ	1		2		
4 595	Lebanon, PA	1				2
4 646A5	Pittsburgh, PA	1	2	3		
8 546	Miami, FL	1	3	2		
8 573A4	Lake City, FL	1	3	2		
10 541	Cleveland, OH	1	2	3		
11 583	Indianapolis, IN	1				
12 578	Hines, IL	1	3	2		
13 656	St. Cloud, MN	1				
15 589A6	Leavenworth, KS	1	3	2		
15 657A5	Marion, IL			2		1
16 580	Houston, TX	1	2			
16 586	Jackson, MS	3	1	2		
18 501	Albuquerque, NM	1				
19 666	Sheridan, WY					1
20 463	Anchorage, AK	1	2	3		
20 663A4	American Lake, WA	1				
20 687	Walla Walla, WA	1	3	2		
21 640	Palo Alto, CA	1	3			2
21 640	Palo Alto, CA					1

† A "1" designates the group receiving the most emphasis.

**Table 16c. Top Three Most Frequently Seen Special Patient Populations in PRRP's for FY01.†**

<b>VISN</b>	<b>SITE</b>	<b>Homeless</b>	<b>Women</b>	<b>Elderly</b>	<b>AIDS/HIV</b>	<b>Other (specify)</b>
<b>PRRP</b>						
1 689	<b>West Haven, CT</b>	1			3	2
2 528A4	<b>Batavia, NY</b>	3			2	1
3 561	<b>East Orange, NJ</b>	1	3	2		
3 620	<b>Montrose, NY</b>	1		3	2	
4 540	<b>Clarksburg, WV</b>	1		2		
4 542	<b>Coatesville, PA</b>	1	2		3	
8 516	<b>Bay Pines, FL</b>	1	2		3	
8 546	<b>Miami, FL</b>	1		2	3	
10 539	<b>Cincinnati, OH</b>					1
11 515	<b>Battle Creek, MI</b>	1	2			
12 556	<b>North Chicago, IL</b>	1				
12 676	<b>Tomah, WI</b>	1				2
16 629	<b>New Orleans, LA</b>	1		2		
17 674A4	<b>Waco, TX</b>					1
21 459	<b>Honolulu, HI †</b>	1		2	3	
21 640	<b>Palo Alto, CA</b>		1			2
21 640	<b>Palo Alto, CA</b>	2				1

† A "1" designates the group receiving the most emphasis.

**Table 16d. Top Three Most Frequently Seen Special Patient Populations in SA CWT/TR's for FY01.†**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>SA CWT/TR</b>						
1 523	<b>Boston, MA</b>	1		3	2	
1 631	<b>Northampton, MA</b>	1	2		3	
4 656A5	<b>Pittsburgh, PA</b>	1			2	
6 590	<b>Hampton, VA</b>	1	2			
8 573	<b>Gainesville, FL</b>	1		3	2	
10 541	<b>Cleveland, OH</b>	1	2			
11 515	<b>Battle Creek, MI</b>	1				2
12 556	<b>North Chicago, IL</b>	1				2
13 568	<b>Fort Meade, ND</b>	1				2
15 589	<b>Kansas City, MO</b>	1			3	2
16 598	<b>Little Rock, AK</b>	1	2	3		
20 663A4	<b>American Lake, WA</b>	1	2		3	
21 640PA	<b>Palo Alto, CA</b>	1	3		2	

† A "1" designates the group receiving the most.

**Table 16e. Top Three Most Frequently Seen Special Patient Populations in HCMC CWT/TR's for FY01.†**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>HCMC CWT/TR</b>						
1 518	<b>Bedford, MA</b>	1	3		2	
2 500	<b>Albany, NY</b>	1		3		2
3 561A4	<b>Lyons, NJ</b>	1			2	
4 595	<b>Lebanon, PA</b>	1				2
7 508	<b>Atlanta, GA</b>	1	2		3	
12 695	<b>Milwaukee, WI</b>	1				
16 635	<b>Oklahoma City, OK</b>	1	3	2		
17 549	<b>Dallas, TX</b>	1	2	3		
21 662	<b>San Francisco, CA</b>	1	2	3		

† A "1" designates the group receiving the most emphasis.

**Table 16f. Top Three Most Frequently Seen Special Patient Populations in PTSD and General CWT/TR's for FY01.†**

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
<b>PTSD CWT/TR</b>						
1 523	<b>Boston, MA</b>	2	1			
<b>General CWT/TR</b>						
12 676	<b>Tomah, WI</b>	1	2			3

† A "1" designates the group receiving the most emphasis.

Table 17a. Ratings of the Importance of Services Provided Directly by SARRTP Staff for FY01

			Scale: 0-4														
			Service not Provided 0	Service Somewhat Important 1	Service Moderately Important 2	Service Quite Important 3	Service of Primary Importance 4										
VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/ Recreational Therapy	Self-help Groups	Discharge Planning
<b>SARRTP</b>																	
1	523 Boston, MA	3	4	0	0	4	2	4	1	1	0	1	0	0	0	3	3
2	500 Albany, NY	4	4	3	0	4	4	4	2	3	2	2	2	0	2	3	4
2	528 Buffalo, NY	4	3	3	0	4	3	4	3	1	3	3	2	2	2	4	3
2	528A5 Canandaigua, NY	4	3	2	0	3	2	3	2	1	3	2	2	1	3	3	4
3	561 East Orange, NJ	0	4	1	0	4	2	3	1	3	0	1	1	0	1	3	3
3	632 Northport, NY	4	4	2	0	4	3	4	3	1	4	2	2	3	1	4	4
3	632 Northport, NY	4	4	2	0	4	4	4	4	1	1	4	1	0	4	4	4
4	540 Clarksburg, WV	4	4	1	4	4	1	4	4	1	0	3	3	1	2	4	4
4	595 Lebanon, PA	4	4	0	0	4	4	4	3	1	0	1	0	0	1	4	4
4	693 Wilkes Barre, PA	4	4	3	0	4	4	4	4	3	4	4	4	2	4	4	4
5	512A5 Perry Point, MD	4	4	3	0	4	4	4	4	2	4	4	4	3	4	4	4
6	637 Asheville, NC	4	4	0	0	4	4	4	4	3	3	0	0	3	4	4	4
6	658 Salem, VA	4	4	4	3	4	4	4	4	3	3	4	4	4	4	4	4
6	659 Salisbury, NC	3	3	2	0	4	2	3	1	2	0	0	0	1	1	2	4
8	516 Bay Pines, FL	4	4	3	0	4	2	4	2	3	3	4	1	0	3	2	3
8	546 Miami, FL	3	4	3	1	4	3	4	4	3	3	4	4	3	4	4	4
8	573 Gainesville, FL	4	4	2	2	3	2	3	3	2	3	3	3	2	2	3	3
9	614 Memphis, TN	4	4	2	2	4	2	4	4	2	3	3	4	2	2	4	4
10	539 Cincinnati, OH	4	4	3	0	4	2	4	3	2	0	2	2	2	2	4	4
11	515 Battle Creek, MI	3	4	3	0	4	3	4	4	2	4	4	4	4	4	4	4
11	515 Battle Creek, MI	3	4	3	0	4	3	4	4	2	4	3	3	0	4	4	4
12	537 Chicago, IL	4	4	3	0	4	3	4	3	1	1	2	2	2	2	3	4
12	578 Hines, IL	4	4	3	0	4	2	4	2	3	3	3	4	3	3	3	4
12	578 Hines, IL	4	4	2	0	4	3	4	4	2	3	4	4	3	3	3	4
12	585 Iron Mountain, MI	4	3	1	0	4	3	4	4	2	3	4	4	3	4	4	4
12	607PA Madison, WI	2	4	1	1	4	1	2	2	2	4	4	4	4	3	4	4
12	676 Tomah, WI	4	4	2	0	4	3	4	4	0	0	1	3	0	2	4	4
13	568 Ft. Meade, ND	4	4	3	0	4	3	4	3	2	0	2	3	2	2	3	4
14	636A4 Grand Island, NE	4	3	2	1	4	4	4	2	1	1	2	2	1	2	4	4
16	520A0 Biloxi, MS	4	4	4	2	4	4	4	2	1	4	4	4	2	4	4	4
16	586 Jackson, MS	4	4	3	3	4	2	3	3	1	0	4	1	1	1	3	3
17	549 Dallas, TX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	501 Albuquerque, NM	4	4	1	0	4	3	4	0	1	0	2	1	1	0	3	4
18	678 Tucson, AZ	4	3	2	4	4	3	4	4	2	3	3	3	2	3	4	4
20	531 Boise, ID	4	4	2	0	4	3	4	4	2	0	2	1	1	4	4	4
20	653 Roseburg HCS	4	4	1	0	4	3	3	3	1	3	3	3	2	3	3	3
20	687 Walla Walla, WA	3	4	1	0	4	1	4	2	2	1	2	2	1	3	4	4
22	600 Long Beach, CA	4	4	3	0	4	3	4	3	2	3	2	3	2	3	4	4
Program Avg			3.58	3.74	2.06	0.62	3.84	2.74	3.68	2.87	1.76	1.97	2.58	2.37	1.66	2.53	3.47
Program S.D.			0.96	0.71	1.10	1.17	0.67	0.99	0.76	1.17	0.84	1.59	1.25	1.24	1.25	0.82	0.72



**Table 17b. Ratings of the Importance of Services Provided Directly by General PR RTP Staff for FY01**

<b>Scale:</b>	Service	Service	Service	Service	Service of
<b>0-4</b>	Not	Somewhat	Moderately	Quite	Primary
	Provided	Important	Important	Important	Importance
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Manage- ment	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/R ecreational Therapy	Self-help Groups	Discharge Planning
<b>General PR RTP</b>																	
3	561A4 Lyons, NJ	3	4	2	0	4	1	4	4	1	1	4	4	3	4	4	4
4	595 Lebanon, PA	4	4	3	0	4	4	4	4	3	4	4	4	4	3	4	4
4	646A5 Pittsburgh, PA	4	3	4	0	3	2	3	3	2	3	3	3	3	3	3	3
8	546 Miami, FL	4	3	3	0	1	2	4	4	1	3	4	4	3	4	2	4
8	573A4 Lake City, FL	3	4	1	0	4	3	4	4	2	2	4	4	2	4	4	4
10	541 Cleveland, OH	3	4	3	0	2	3	4	4	1	1	4	4	2	4	1	4
11	583 Indianapolis, IN	4	3	3	1	2	3	4	4	2	3	3	2	2	2	1	3
12	578 Hines, IL	4	4	2	0	2	4	4	4	1	0	4	4	4	4	0	4
13	656 St. Cloud, MN	2	4	1	0	4	1	4	1	1	1	4	2	2	3	3	3
15	589A6 Leavenworth, KS	4	3	3	0	3	3	4	4	0	3	4	4	3	4	3	4
15	657A5 Marion, IL	2	4	4	3	4	4	4	2	0	0	4	3	2	3	0	4
16	580 Houston, TX	3	4	4	0	2	3	3	4	3	3	4	4	3	3	0	4
16	586 Jackson, MS	3	3	1	0	3	1	4	3	2	0	2	2	0	1	1	3
18	501 Albuquerque, NM	3	3	2	0	1	2	3	2	1	4	3	3	3	2	3	3
19	666 Sheridan, WY	4	4	3	0	4	3	4	3	2	4	4	2	2	4	2	4
20	463 Anchorage, AK	3	3	1	0	3	2	3	3	1	4	3	3	3	2	4	3
20	663A4 American Lake, WA	1	3	0	0	3	0	3	4	0	0	3	2	2	4	2	4
20	687 Walla Walla, WA	3	2	0	0	2	2	2	2	0	0	3	3	3	3	3	3
21	640 Palo Alto, CA	2	0	2	0	1	0	0	0	0	0	0	1		0	0	0
21	640 Palo Alto, CA	1	0	1	0	0	4	4	1	0	3	3	1	3	0	0	0
<b>Program Avg</b>		<b>3.00</b>	<b>3.10</b>	<b>2.15</b>	<b>0.20</b>	<b>2.60</b>	<b>2.35</b>	<b>3.45</b>	<b>3.00</b>	<b>1.15</b>	<b>1.95</b>	<b>3.35</b>	<b>2.95</b>	<b>2.58</b>	<b>2.85</b>	<b>2.00</b>	<b>3.25</b>
<b>Program S.D.</b>		<b>0.95</b>	<b>1.18</b>	<b>1.24</b>	<b>0.68</b>	<b>1.20</b>	<b>1.24</b>	<b>0.97</b>	<b>1.22</b>	<b>0.96</b>	<b>1.56</b>	<b>0.96</b>	<b>1.02</b>	<b>0.88</b>	<b>1.28</b>	<b>1.48</b>	<b>1.18</b>

Table 17c. Ratings of the Importance of Services Provided Directly by PRRP Staff for FY01.

Scale:	Service	Service	Service	Service	Service of
0-4	Not	Somewhat	Moderately	Quite	Primary
	Provided	Important	Important	Important	Importance
	0	1	2	3	4

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Manage- ment	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/ Recreational Therapy	Self- help Groups	Discharge Planning
PRRP																	
1	689 West Haven, CT	2	3	2	0	3	3	4	4	2	3	4	4	3	3	4	4
2	528A4 Batavia, NY	4	3	4	0	3	4	4	3	3	1	2	1	2	2	1	4
3	561 East Orange, NJ	3	3	0	0	3	2	4	4	0	0	3	0	0	2	3	4
3	620 Montrose, NY	4	3	3	0	3	3	4	3	1	0	2	0	1	2	3	4
4	540 Clarksburg, WV	4	3	1	0	1	3	4	4	3	0	2	1	0	3	1	3
4	542 Coatesville, PA	3	3	2	0	3	4	4	1	1	0	1	0	0	1	2	3
8	516 Bay Pines, FL	4	3	3	0	3	3	4	4	3	1	4	4	2	4	2	4
8	546 Miami, FL	4	3	2	0	0	2	4	4	3	2	3	1	2	4	2	4
10	539 Cincinnati, OH	3	1	1	0	1	1	4	3	1	0	2	4	0	1	1	2
11	515 Battle Creek, MI	3	3	4	0	2	4	4	4	2	1	3	2	2	2	3	4
12	556 North Chicago, IL	4	3	2	0	3	4	4	3	1	0	4	0	0	2	0	4
12	676 Tomah, WI	4	1	3	0	1	3	4	4	0	0	2	2	0	2	2	4
16	629 New Orleans, LA	4	3	1	0	2	3	4	4	2	0	3	1	1	4	2	4
17	674A4 Waco, TX	4	4	0	0	2	1	4	3	2	0	4	1	1	2	4	4
21	459 Honolulu, HI †	3	4	2	0	3	3	4	2	1	0	2	3	1	1	2	3
21	640 Palo Alto, CA	4	3	3	2	2	3	4	4	3	2	4	3	1	4	3	4
21	640 Palo Alto, CA	4	4	3	2	3	3	4	4	3	2	4	4	1	4	4	4
Program Avg		3.59	2.94	2.12	0.24	2.24	2.88	4.00	3.41	1.82	0.71	2.88	1.82	1.00	2.53	2.29	3.71
Program S.D.		0.60	0.80	1.18	0.64	0.94	0.90	0.00	0.84	1.04	0.96	0.96	1.50	0.91	1.09	1.13	0.57

Table 17d. Ratings of the Importance of Services Provided Directly by SA CWT/TR Staff for FY01.

<b>Scale:</b>	Service	Service	Service	Service	Service of
<b>0-4</b>	Not	Somewhat	Moderately	Quite	Primary
	Provided	Important	Important	Important	Importance
	0	1	2	3	4

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/ Recreational Therapy	Self- help Groups	Discharge Planning
<b>SA CWT/TR</b>																	
1	523 Boston, MA	4	4	4	0	4	3	4	3	1	4	3	4	4	3	3	4
1	631 Northampton, MA	2	4	2	0	3	3	2	1	0	4	4	2	2	1	4	3
4	656A5 Pittsburgh, PA	0	4	1	0	4			0	0	4	2	4	4	0	4	4
6	590 Hampton, VA	2	4	1	0	4	3	3	2	1	4	2	2	3	0	4	4
8	573 Gainesville, FL	3	4	2	0	4	3	4	2	0	4	4	3	3	3	4	4
10	541 Cleveland, OH	3	3	3	0	3	4	3	3	2	4	3	2	3	3	4	4
11	515 Battle Creek, MI	4	4	3	0	4	0	4	3	0	4	4	4	4	3	3	4
12	556 North Chicago, IL	3	4	0	0	4	1	3	0	0	4	4	2	4	4	4	4
13	568 Fort Meade, ND	4	4	3	0	3	2	4	2	2	4	4	3	3	1	3	4
15	589 Kansas City, MO	3	4	4	0	4	3	3	0	3	4	4	4	4	3	4	4
16	598 Little Rock, AK	3	4	4	0	4	4	3	3	1	4	4	4	4	0	3	3
20	663A4 American Lake, WA	3	4	2	0	3	4	3	2	0	4	3	4	3	3	3	3
21	640PA Palo Alto, CA																
<b>Program Avg</b>		<b>2.83</b>	<b>3.92</b>	<b>2.42</b>	<b>0.00</b>	<b>3.67</b>	<b>2.73</b>	<b>3.27</b>	<b>1.75</b>	<b>0.83</b>	<b>4.00</b>	<b>3.42</b>	<b>3.17</b>	<b>3.42</b>	<b>2.00</b>	<b>3.58</b>	<b>3.75</b>
<b>Program S.D.</b>		<b>1.07</b>	<b>0.28</b>	<b>1.26</b>	<b>0.00</b>	<b>0.47</b>	<b>1.21</b>	<b>0.62</b>	<b>1.16</b>	<b>0.99</b>	<b>0.00</b>	<b>0.76</b>	<b>0.90</b>	<b>0.64</b>	<b>1.41</b>	<b>0.49</b>	<b>0.43</b>

Scale: 0-4	Service Not Provided 0	Service Somewhat Important 1	Service Moderately Important 2	Service Quite Important 3	Service of Primary Importance 4
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**Table 17e. Ratings of the Importance of Services Provided Directly by HCMC CWT/TR Staff for FY01**

VISN	SITE	Assessme nt and Diagnosis	Relapse Preventio n	Crisis Interventio n	Detox - ificatio n	Abuse Counselin g	Individual Counselin g	Group Counselin g	Medication Management	Family Counselin g	Work Therapy	Skills Trainin g	Living Skills Training	Money Manage- ment	1/ Recreational Therapy	help Group s	Discharg e Planning
<b>HCMC CWT/TR</b>																	
1	518 Bedford, MA	1	0	1	0	0	4	4	1	0	3	3	1	3	0	0	0
2	500 Albany, NY	2	3	2	0	2	2	2	2	0	3	2	1	1	1	3	3
3	561A4 Lyons, NJ	3	4	4	0	4	3	3	4	1	4	4	4	4	1	4	4
4	595 Lebanon, PA	4	4	2	0	4	3	3	2	2	4	3	4	3	3	4	4
7	508 Atlanta, GA	4	4	3	0	4	4	4	4	0	4	4	4	4	3	4	4
12	695 Milwaukee, WI	4	3	3	2	3	4	3	0	1	4	4	4	4	1	4	4
16	635 Oklahoma City, OK	4	3	2	0	3	3	4	2	1	4	4	4	4	3	3	3
17	549 Dallas, TX	4	3	3	0	4	3	2	0	0	4	3	3	4	1	4	4
21	662 San Francisco, CA	3	4	3	0	2	3	3	1	0	4	4	4	4	2	4	4
<b>Program Avg</b>		<b>2.00</b>	<b>4.00</b>	<b>3.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2.00</b>	<b>0.00</b>	<b>4.00</b>	<b>3.00</b>	<b>4.00</b>	<b>4.00</b>	<b>0.00</b>	<b>0.00</b>	<b>4.00</b>
<b>Program S.D.</b>		<b>1.03</b>	<b>1.20</b>	<b>0.83</b>	<b>0.63</b>	<b>1.29</b>	<b>0.63</b>	<b>0.74</b>	<b>1.40</b>	<b>0.68</b>	<b>0.42</b>	<b>0.68</b>	<b>1.23</b>	<b>0.96</b>	<b>1.05</b>	<b>1.25</b>	<b>1.25</b>

**Table 17f. Ratings of the Importance of Services Provided Directly by PTSD and General CWT/TR Staff by FY01**

VISN	SITE	Assessme nt and Diagnosis	Relapse Preventio n	Crisis Interventio n	Detox - ificatio n	Abuse Counselin g	Individual Counselin g	Group Counselin g	Medication Management	Family Counselin g	Work Therapy	Skills Trainin g	Living Skills Training	Money Manage- ment	1/ Recreational Therapy	help Group s	Discharg e Planning
<b>PTSD CWT/TR</b>																	
1	523 Boston, MA	3	3	3	0	3	3	3	3	2	3	2	2	2	2	3	3
<b>General CWT/TR</b>																	
12	676 Tomah, WI	3	4	2	0	3	3	3	2	1	4	3	4	4	2	3	4

**Table 18a. Location of SAR RTP Programs for FY01.†**

VISN			Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
SITE						
<b>SAR RTP</b>						
1	523	Boston, MA	1	0	0	0
2	500	Albany, NY	1	0	0	0
2	528	Buffalo, NY	1	0	0	0
2	528A5	Canandaigua, NY	0	0	1	0
3	561	East Orange, NJ	1	0	0	0
3	632	Northport, NY	1	0	0	0
3	632	Northport, NY	0	0	1	0
4	540	Clarksburg, WV	1	0	0	0
4	595	Lebanon, PA	1	0	0	0
4	693	Wilkes Barre, PA	1	0	0	0
5	512A5	Perry Point, MD	1	0	0	0
6	637	Asheville, NC	1	0	0	0
6	658	Salem, VA	1	0	0	0
6	659	Salisbury, NC	1	0	0	0
8	516	Bay Pines, FL	1	0	0	0
8	546	Miami, FL	1	0	0	0
8	573	Gainesville, FL	1	0	0	0
9	614	Memphis, TN	1	0	0	0
10	539	Cincinnati, OH	1	0	0	0
11	515	Battle Creek, MI	0	0	1	0
11	515	Battle Creek, MI	1	0	0	0
12	537	Chicago, IL	1	0	0	0
12	578	Hines, IL	1	0	0	0
12	578	Hines, IL	1	0	0	0
12	585	Iron Mountain, MI	1	0	0	0
12	607PA	Madison, WI	0	0	1	0
12	676	Tomah, WI	0	0	1	0
13	568	Ft. Meade, ND	1	0	0	0
14	636A4	Grand Island, NE	1	0	0	0
16	520A0	Biloxi, MS	1	0	0	0
16	586	Jackson, MS	1	0	0	0
17	549	Dallas, TX	1	0	0	0
18	501	Albuquerque, NM	0	0	0	1
18	678	Tucson, AZ	0	0	0	1
20	531	Boise, ID	0	0	1	0
20	653	Roseburg HCS	1	0	0	0
20	687	Walla Walla, WA	1	0	0	0
22	600	Long Beach, CA	0	0	0	1
<b>Total SAR RTP</b>			<b>29 (76.3%)</b>	<b>0 (0.0%)</b>	<b>6 (15.8%)</b>	<b>3 (7.9%)</b>
<b>Total All PR RTP Programs</b>			<b>53 (53.5%)</b>	<b>22 (22.2%)</b>	<b>18 (18.2%)</b>	<b>6 (6.0%)</b>

† 0 = no; 1 = yes.

**Table 18b. Location of General PR RTP Programs for FY01.†**

VISN SITE			Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
<b>PR RTP (general)</b>						
3	561A4	Lyons, NJ	1	0	0	0
4	595	Lebanon, PA	1	0	0	0
4	646A5	Pittsburgh, PA	1	0	0	0
8	546	Miami, FL	1	0	0	0
8	573A4	Lake City, FL	1	0	0	0
10	541	Cleveland, OH	1	0	0	0
11	583	Indianapolis, IN	0	0	0	1
12	578	Hines, IL	1	0	0	0
13	656	St. Cloud, MN	1	0	0	0
15	589A6	Leavenworth, KS	0	0	1	0
15	657A5	Marion, IL	1	0	0	0
16	580	Houston, TX	1	0	0	0
16	586	Jackson, MS	1	0	0	0
18	501	Albuquerque, NM	0	0	1	0
19	666	Sheridan, WY	0	0	1	0
20	463	Anchorage, AK	0	1	0	0
20	663A4	American Lake, WA	1	0	0	0
20	687	Walla Walla, WA	1	0	0	0
21	640	Palo Alto, CA	0	0	1	0
21	640	Palo Alto, CA	1	0	0	0
<b>Total SAR RTP</b>			<b>14 (70.0%)</b>	<b>1 (5.0%)</b>	<b>4 (20.0%)</b>	<b>1 (5.0%)</b>
<b>Total All PR RTP Programs</b>			<b>53 (53.5%)</b>	<b>22 (22.2%)</b>	<b>18 (18.2%)</b>	<b>6 (6.0%)</b>

† 0 = no; 1 = yes.

**Table 18c. Location of PRRP Programs for FY01.†**

VISN			Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
SITE						
<b>PRRP</b>						
1	689	West Haven, CT	0	0	1	0
2	528A4	Batavia, NY	0	0	1	0
3	561	East Orange, NJ	1	0	0	0
3	620	Montrose, NY	1	0	0	0
4	540	Clarksburg, WV	1	0	0	0
4	542	Coatesville, PA	1	0	0	0
8	516	Bay Pines, FL	1	0	0	0
8	546	Miami, FL	1	0	0	0
10	539	Cincinnati, OH	0	0	1	0
11	515	Battle Creek, MI	1	0	0	0
12	556	North Chicago, IL	0	0	1	0
12	676	Tomah, WI	1	0	0	0
16	629	New Orleans, LA	1	0	0	0
17	674A4	Waco, TX	0	0	1	0
21	459	Honolulu, HI †	0	0	0	1
21	640	Palo Alto, CA	0	0	1	0
21	640	Palo Alto, CA	0	0	1	0
<b>Total PRRP</b>			<b>9 (52.9%)</b>	<b>0 (0.0%)</b>	<b>7 (41.2%)</b>	<b>1 (5.9%)</b>
<b>Total All PRRTTP Programs</b>			<b>53 (53.5%)</b>	<b>22 (22.2%)</b>	<b>18 (18.2%)</b>	<b>6 (6.0%)</b>

† 0 = no; 1 = yes.

**Table 18d. Location of SA CWT/TR Programs for FY01.†**

VISN		SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
<b>SA CWT/TR</b>						
1	523	Boston, MA	0	1	0	0
1	631	Northampton, MA	0	1	0	0
4	656A5	Pittsburgh, PA	0	1	0	0
6	590	Hampton, VA	0	1	0	0
8	573	Gainesville, FL	0	0	0	1
10	541	Cleveland, OH	0	1	0	0
11	515	Battle Creek, MI	0	1	0	0
12	556	North Chicago, IL	0	1	0	0
13	568	Fort Meade, ND	0	1	0	0
15	589	Kansas City, MO	0	1	0	0
16	598	Little Rock, AK††	0	1	0	0
20	663A4	American Lake, WA	0	1	0	0
21	640PA	Palo Alto, CA	0	1	0	0
<b>Total SA CWT/TR</b>			<b>0 (0.0%)</b>	<b>12 (92.3%)</b>	<b>0 (0.0%)</b>	<b>1 (7.7%)</b>
<b>Total All PR RTP Programs</b>			<b>53 (53.5%)</b>	<b>22 (22.2%)</b>	<b>18 (18.2%)</b>	<b>6 (6.0%)</b>

† 0 = no; 1 = yes.

†† The program at at Little Rock utilizes a building on VA grounds as well as houses in the community.



**Table 18e. Location of HCMI CWT/TR Programs for FY01.†**

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
<b>HCMI CWT/TR</b>					
1 518	Bedford, MA	0	1	0	0
2 500	Albany, NY	0	1	0	0
3 561A4	Lyons, NJ	0	1	0	0
4 595	Lebanon, PA	0	1	0	0
7 508	Atlanta, GA	0	1	0	0
12 695	Milwaukee, WI	0	0	1	0
16 635	Oklahoma City, OK	0	1	0	0
17 549	Dallas, TX	0	1	0	0
21 662	San Francisco, CA	0	1	0	0
<b>Total HCMI CWT/TR</b>		<b>0 (0.0%)</b>	<b>8 (88.9%)</b>	<b>1 (11.1%)</b>	<b>0 (0.0%)</b>
<b>Total All PRRTP Programs</b>		<b>53 (53.5%)</b>	<b>22 (22.2%)</b>	<b>18 (18.2%)</b>	<b>6 (6.0%)</b>

† 0 = no; 1 = yes.

**Table 18f. Location of PTSD and General CWT/TR Programs for FY01.†**

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
<b>PTSD CWT/TR</b>					
1 523	Boston, MA	0	1	0	0
<b>General CWT/TR</b>					
12 676	Tomah, WI	1	0	0	0

† 0 = no; 1 = yes.

**Table 19a. SARRTP Program Characteristics; Night, Weekend and Evening Coverage for FY01.†**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>SARRTP</b>						
1 523	Boston, MA			1		
2 500	Albany, NY		1			1
2 528	Buffalo, NY	1				1
2 528A5	Canandaigua, NY	1				
3 561	East Orange, NJ	1				
3 632	Northport, NY		1			
3 632	Northport, NY		1			
4 540	Clarksburg, WV	1				
4 595	Lebanon, PA	1				1
4 693	Wilkes Barre, PA		1			
5 512A5	Perry Point, MD	1				
6 637	Asheville, NC	1				
6 658	Salem, VA	1				
6 659	Salisbury, NC				1	
8 516	Bay Pines, FL	1				
8 546	Miami, FL			1		
8 573	Gainesville, FL		1			
9 614	Memphis, TN	1				
10 539	Cincinnati, OH	1				
11 515	Battle Creek, MI	1				
11 515	Battle Creek, MI	1				
12 537	Chicago, IL	1				
12 578	Hines, IL	1				
12 578	Hines, IL	1				
12 585	Iron Mountain, MI				1	1
12 607PA	Madison, WI	1				
12 676	Tomah, WI	1				
13 568	Ft. Meade, ND	1				
14 636A4	Grand Island, NE		1			
16 520A0	Biloxi, MS	1				
16 586	Jackson, MS	1				
17 549	Dallas, TX	1				
18 501	Albuquerque, NM		1			
18 678	Tucson, AZ			1		
20 531	Boise, ID			1		1
20 653	Roseburg HCS	1				
20 687	Walla Walla, WA			1		
22 600	Long Beach, CA		1			1
<b>Total SARRTP</b>		<b>23 (60.5%)</b>	<b>8 (21.1%)</b>	<b>5 (13.2%)</b>	<b>2 (5.3%)</b>	<b>6 (15.8%)</b>
<b>Total All PRRTTP Programs</b>		<b>51 (51.5%)</b>	<b>25 (25.3%)</b>	<b>20 (20.2%)</b>	<b>3 (3.0%)</b>	<b>12 (12.1%)</b>

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

**Table 19b. General PRRTTP Program Characteristics; Night, Weekend and Evening Coverage for FY01.†**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>PRRTTP (general)</b>						
3	561A4 Lyons, NJ	1				
4	595 Lebanon, PA	1				
4	646A5 Pittsburgh, PA	1				
8	546 Miami, FL		1			
8	573A4 Lake City, FL	1				
10	541 Cleveland, OH	1				
11	583 Indianapolis, IN			1		
12	578 Hines, IL	1				
13	656 St. Cloud, MN	1				
15	589A6 Leavenworth, KS	1				
15	657A5 Marion, IL	1				
16	580 Houston, TX	1				
16	586 Jackson, MS		1			
18	501 Albuquerque, NM	1				
19	666 Sheridan, WY		1			
20	463 Anchorage, AK			1		1
20	663A4 American Lake, WA	1				
20	687 Walla Walla, WA	1				
21	640 Palo Alto, CA	1				
21	640 Palo Alto, CA	1				
<b>Total SARRTTP</b>		<b>15 (75.0%)</b>	<b>3 (15.0%)</b>	<b>2 (10/0%)</b>	<b>0 (0.0%)</b>	<b>1 (5.0%)</b>
<b>Total All PRRTTP Programs</b>		<b>51 (51.5%)</b>	<b>25 (25.3%)</b>	<b>20 (20.2%)</b>	<b>3 (3.0%)</b>	<b>12 (12.1%)</b>

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

**Table 19c. PRRP Program Characteristics; Night, Weekend and Evening Coverage for FY01.†**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>PRRP</b>						
1	689 West Haven, CT		1			1
2	528A4 Batavia, NY	1				
3	561 East Orange, NJ	1				
3	620 Montrose, NY	1				
4	540 Clarksburg, WV	1				1
4	542 Coatesville, PA	1				
8	516 Bay Pines, FL	1				
8	546 Miami, FL		1			
10	539 Cincinnati, OH	1				
11	515 Battle Creek, MI	1				
12	556 North Chicago, IL	1				
12	676 Tomah, WI	1				
16	629 New Orleans, LA				1	
17	674A4 Waco, TX	1				
21	459 Honolulu, HI †	1				
21	640 Palo Alto, CA	1				
21	640 Palo Alto, CA			1		
<b>Total PRRP</b>		<b>13 (76.5%)</b>	<b>2 (11.8%)</b>	<b>1 (5.9%)</b>	<b>1 (5.9%)</b>	<b>2 (11.8%)</b>
<b>Total All PRRTP Programs</b>		<b>51 (51.5%)</b>	<b>25 (25.3%)</b>	<b>20 (20.2%)</b>	<b>3 (3.0%)</b>	<b>12 (12.1%)</b>

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

**Table 19d. SA CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY01.†**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>SA CWT/TR</b>						
1	523 Boston, MA		1			
1	631 Northampton, MA			1		
4	656A5 Pittsburgh, PA		1			
6	590 Hampton, VA			1		
8	573 Gainesville, FL		1			
10	541 Cleveland, OH		1			
11	515 Battle Creek, MI			1		1
12	556 North Chicago, IL		1			
13	568 Fort Meade, ND		1			
15	589 Kansas City, MO			1		1
16	598 Little Rock, AK			1		
20	663A4 American Lake, WA		1			1
21	640PA Palo Alto, CA			1		
<b>Total SA CWT/TR</b>		<b>0 (0.0%)</b>	<b>7 (53.8%)</b>	<b>6 (46.2%)</b>	<b>0 (0.0%)</b>	<b>3 (23.1%)</b>
<b>Total All PRRTTP Programs</b>		<b>51 (51.5%)</b>	<b>25 (25.3%)</b>	<b>20 (20.2%)</b>	<b>3 (3.0%)</b>	<b>12 (12.1%)</b>

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

**Table 19e. HCMI CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY01.†**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>HCMI CWT/TR</b>						
1	518 Bedford, MA		1			
2	500 Albany, NY			1		
3	561A4 Lyons, NJ			1		
4	595 Lebanon, PA		1			
7	508 Atlanta, GA			1		
12	695 Milwaukee, WI			1		
16	635 Oklahoma City, OK		1			
17	549 Dallas, TX			1		
21	662 San Francisco, CA			1		
<b>Total HCMI CWT/TR</b>		<b>0 (0.0%)</b>	<b>3 (33.3%)</b>	<b>6 (66.6%)</b>	<b>0 (0.0%)</b>	<b>0 (0.0%)</b>
<b>Total All PR RTP Programs</b>		<b>51 (51.5%)</b>	<b>25 (25.3%)</b>	<b>20 (20.2%)</b>	<b>3 (3.0%)</b>	<b>12 (12.1%)</b>

**Table 19f. PTSD and General CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY01.†**

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
<b>PTSD CWT/TR</b>						
1	523 Boston, MA		1			
<b>General CWT/TR</b>						
12	676 Tomah, WI		1			

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.